

PERSONAL CONSTRUCTIONS
OF GENDER
AND THE IMPACT OF
CHILDHOOD SEXUAL ABUSE
ON ADULT MALE SURVIVORS

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ABSTRACT

This study examined if and how male survivors' personal meanings of masculinity influenced the impact of childhood sexual abuse. Gender was defined as the individual male survivor's personal construction of masculinity within the context of the sociocultural construction of traditional masculinity. Six men participated in in-depth unstructured interviews. Data analysis of the verbatim transcriptions of the interviews was guided by qualitative methods associated with a constructivist paradigm. All men reported numerous long-term effects similar to those reported by female survivors with no clear relation to gender. Results, however, also suggested that variations in male survivors' personal meanings of masculinity were associated with different outcomes. Male survivors who held personal constructions of masculinity as more traditional reported disturbances in their sense of self as masculine and their sexuality as males. Male survivors who held less traditional personal constructions of masculinity reported fewer or no difficulties in these areas. The results of this study challenge theoretical models on male victimization that propose restrictive male responses to trauma, and highlight the importance of taking into account the individual male survivor's personal meaning of masculinity for a more complete understanding of the impact of sexual abuse.

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INTRODUCTION

After a "cycle of suppression," public and professional awareness of the problem of the sexual abuse of boys seems to be approaching a "cycle of discovery" (Olafson, Corwin & Summit, 1993). Following the public disclosure of sexual abuse by a National Hockey League player, a multitude of men have disclosed childhood sexual abuse at sexual assault centres, to the police, and to the media (Branswell, 1997; Fennell, 1997; Gray, 1997). Still, little is known about the impact of childhood sexual abuse on adult male survivors. The purpose of the present study is to explore whether and how male survivors' personal views or constructions of masculinity influence the impact of the sexual abuse. The study addresses this question using a qualitative methodology involving in-depth interviews with six male survivors.

While prevalence estimates vary, the general consensus is that between 10% and 16% of boys are sexually abused (Finkelhor, 1993; Mendel, 1992; Violato & Genuis, 1993b). There is good reason to believe that prevalence estimates reflect a bias toward the under-reporting of the sexual abuse of boys. It remains problematic for North American culture to recognize males as victims, especially as victims of sexual abuse. A variety of authors, including psychoanalysts, feminists, and experts on child abuse and other traumas (Herman, 1992; Lerman, 1988; Masson, 1984; Miller, 1984; Olafson et al., 1993; Rush, 1977) have cogently argued that society collectively denies the existence of the abuse of children, girls and boys. More often than

not, the beginning of this denial is marked by Freud's suppression of the seduction theory (Masson, 1984). Miller (1984) pointed out, however, that Freud's recantation of the seduction theory and introduction of the drive theory was simply "history remaining faithful to itself."

The Greeks created pederasty or man/boy love (Rush, 1977). The practice advocated sexual relationships between men and boys and served important functions in the eyes of the Greeks. First, boys unencumbered by the malicious nature associated with women, yet possessing a youthful, feminine and powerless beauty, were thought to be the closest to human perfection. Pursuing such human perfection was considered nothing short of a divine philosophical quest. Second, pederasty served the military well. Greek soldiers, as required by law and with parental permission, acquired the male son of a nobleman's family. It was believed that the love bond between the Greek soldier and his male child charge would create a courageous and invincible army as any indication of effeminate behavior in battle resulted in the punishment for the boy and disgrace for the soldier. Moreover, men's sexual abuse of boys was not restricted to its legalization through the Greek army. Outside the army, boys were raped, castrated, sold as sexual slaves, and forced into prostitution; "in ancient Greece there were as many boys as females in brothels" (Rush, 1977, p. 53).

In contemporary life, films often provide an indication of current societal attitudes about particular issues (see also Mathews, 1994). Trivelpiece (1990) examined how the sexual abuse of boys has been portrayed during the past 30 years in the film industry. An incest film, Murmur of the Heart (1971) was reviewed as a "delightful no-holds-barred sex film by Louis Malle, in which mother sleeps with son and loves it" (quoted in Trivelpiece, 1990, p. 50). Midnight Cowboy (1968), a Best Picture Academy Award

Winner, portrayed a sexualized relationship between the main character as a boy and his grandmother. Male victims of sexual abuse are perceived as troubled, alienated, destructive, highly disturbed, and, often unlikeable; no connection is made between their abusive childhood and troubled adulthood. Child molestation in films is portrayed as unwanted touching, exposure to a sexualized environment, and other sexually exploitive acts. According to Trivelpiece (1990), molestation incidents occur in such films as Tommy (1975), Fanny and Alexander (1982), and My Life as a Dog (1985). Such incidents, at the worst, are portrayed as humorous; at the best, as neutral. For example, in My Life as a Dog, Ingmar's experiences of sexual molestation include having his penis stuck in a wine bottle, having to read descriptions of women's undergarments from a catalogue for a bedridden neighbor, and chaperoning a woman as she poses nude for an artist (Trivelpiece, 1990). Finally, sexual initiation films, probably the most common, depict the popular mythology surrounding the initiation of a young man by an older woman. Examples include The Last Picture Show (1971), Summer of 42 (1971), Class (1980), Private Lessons (1981), and Harold and Maude (1971). Themes in this class of films include: sexual initiation with an older woman as a treasured and positive experience bringing increased respect and self-esteem from peers; the sexually inexperienced male as undesirable; and the attainment of manhood following the loss of virginity. As for the basic message? Trivelpiece (1990) summed it up, "Until a teenage boy becomes sexually active, he is the object of scorn . . . he must engage in sexual activity, which may be distasteful or risky but which is considered normal behavior" (p. 59).

The Greeks created Man/Boy Love in ancient times. In the 20th century, pederasty still exists. In fact, man-boy sexual relations, boy-lovers,

and intergenerational intimacy have attempted to gain legitimacy as topics of scholarly interest. For example, in a special issue of the *Journal of Homosexuality* (Male Intergenerational Intimacy, 1991), Brongersma (1991) described the laudable nature of the pederast: the notable absence of his use of violence; his gentle and childlike disposition toward the boy; his consideration of the education and welfare of the boy; and, his avoidance of oral or anal intercourse with small boys, but not other "pregenital sex play." The purported benefits for the boys include: enthusiastic and eager regard for sexual relations; "achieving miracles with apparently incorrigible young delinquents - not by preaching to them but by sleeping with them" (p. 160); and, the fostering of character development, improving social skills, financial conditions, and physical development. Furthermore, part of the rhetoric of those who advocate pedophilia is especially revealing in that it illustrates how boys are not seen as *children* in the way that girls are seen as children. For example, Brongersma (1991) alleged,

The reactions of boys to sexual approach by an adult are strikingly different from those of girls . . . Boys are less inclined than girls to talk to their parents about their sexual adventures with grown-ups . . . Boys tend to take the initiative in such acts more often than girls . . . They are less likely to reject advances by an adult and more likely to cooperate in any sexual acts that ensue . . . Boys are more receptive to advances made by strangers . . . They are more interested than girls in sexual activities and seem to be much more open to involving themselves sexually with an adult partner . . . Conclusions based on studying sex between men and girls should never be applied to sex between men and boys. (p. 152)

All in all, boys are viewed as desirable and willing partners for men. Lest

these views be dismissed as those of a radical and marginalized group, there is much evidence to suggest that pedophilia "sex-rings" continue to flourish (Burgess, Hartman, McCausland, & Powers, 1984). In fact, in 1992, the Task Force to End Child Exploitation in Thailand uncovered two airline-ticket agencies (one in Sweden and one in Austria) specifically catering to European pedophiles (Serrill, 1993).

Finally, in Canada, the sexual and physical abuse of boys at Mount Cashel Orphanage in Newfoundland went undetected for years (Harris, 1990). An official cover-up by the Catholic church, the justice system and the social services system rendered the situation even more tragic. Once again, the attitude that boys are somehow not victimized by sexual abuse is revealed by the comments of a Nova Scotia Bishop on another child sexual abuse case involving Catholic priests in Newfoundland,

If this is so [referring to the male adolescent victims], we are not dealing with classic pedophilia. I do not want to argue that homosexual activity between a priest and an adolescent is therefore moral. Rather it does not have the horrific character of pedophilia. Moreover, one can ask: if the victims were adolescents, why did they go back to the same situation once there had been one "pass" or suggestion? Were they co-operating in the matter, or were they true victims? (Harris, 1990, p. 16).

Most recently, the headline news of a hockey coach convicted of sexually abusing two players, the "sex scandal at the hockey mecca" - the sexual abuse of boys by Maple Leaf Garden's workers - and, the uncovering of troubling sexual hazing rituals in the Canadian junior hockey league leaves little doubt of the existence and seriousness of the problem (Came, 1997; Fennell, 1997; Fifth Estate, 1997).

Psychological research on the impact of childhood sexual abuse on adult male survivors is scant. Some early conclusions show that male survivors experience numerous and negative long-term effects. Too, there are claims that male survivors experience some gender-related long-term effects and issues. Consequently, current theories which purport to explain the sequelae of childhood sexual abuse have been charged with pertaining only to the experience of female victims and failing to account for males' experience of victimization. Still, even when gender has been considered in the impact of childhood sexual abuse on adult male survivors, its positivist conceptualization has narrowly focused on sex differences between male and female survivors and has reflected a tendency to assume that all (or most) male survivors adhere to traditional masculinity to the same extent. Instead, researchers in the field of childhood sexual abuse have stressed the importance of personal meaning, including gendered meanings, in understanding the wide variations in the impact of sexual abuse (e.g., Briere, 1992a; Conte & Schuerman, 1987).

The present research sought to contribute to the understanding of how childhood sexual abuse affects males by focusing on how gender may influence outcome. Gender was conceptualized as the male survivor's personal construction, or meaning, of masculinity within the context of the culture's construction of traditional masculinity. Qualitative research methodology was deemed most appropriate for exploring the role of gender in the impact of sexual abuse on male survivors. Qualitative data foster exploration of the complexities and meanings of the impact of the sexual abuse experience, and more specifically, in the present research, the meaning of gender according to the male survivors, themselves. With an emerging research area, qualitative methodology can be a preferred choice because it

alerts researchers to the relevant variables which can then be utilized in quantitative research. Furthermore, it allows the individuals studied to be active contributors, especially in an area beset by myths and misconceptions (Westerlund, 1992).

Before describing the present study in detail, the following literature review presents what is known about the impact of childhood sexual abuse on adult male survivors based on quantitative, clinical, and qualitative studies. The areas addressed include: the problem of under-reporting, prevalence and incidence of male child sexual abuse, the characteristics of male childhood sexual abuse, the initial impact of sexual abuse on boys, and the long-term impact on adult male survivors. A critical review of the theoretical models of the impact of childhood sexual abuse on adult male survivors illustrates the limitations of these theories with respect to the conceptualization of gender. Then, this study offers an alternative conceptualization of gender that privileges individual meaning, and based on in-depth interviews with male survivors, presents qualitative data on the role of gender in the impact of childhood sexual abuse on male survivors.

LITERATURE REVIEW

Prevalence, Incidence, and Descriptive Characteristics

An overview of the literature on the prevalence, incidence, and descriptive characteristics of male childhood sexual abuse is presented. The problem of under-reporting of the abuse of males provides the context within which to consider prevalence and incidence rates. Prevalence refers to the estimate of the rate of sexual abuse in various populations. Incidence refers to the proportion of sexually abused males within the population of sexually abused children. Abuse characteristics (e.g., age of onset, gender of perpetrator, etc.) provide additional and relevant information about male childhood sexual abuse.

The Problem of Under-Reporting

Many researchers have argued that the prevalence rates of the sexual abuse of boys need to be understood in the context of the problem of under-reporting (Nasjleti, 1980; Peake, 1989). Under-reporting is suggested by discrepancies between official and (higher) unofficial reports of sexual abuse of boys, reports which show a greater rate of increase in the reporting of male sexual abuse versus female sexual abuse, high rates of male child sexual abuse in special populations, and the self-reports of offenses against boys by sex offenders.

Badgley (1984), in a review of four national surveys, concluded that about three in four victims of sexual abuse are girls and that one in four are boys. In contrast, the gender ratio of victims known to the public services

(e.g., hospital, child protection) misleadingly suggests that about 9 in 10 victims of sexual abuse are girls and 1 in 10 are boys (Watkins & Bentovim, 1992). A telephone survey conducted by the Los Angeles Times found that in 1980, 15.7% of sexual abuse reports were from males; in 1984, the rate increased to 21.7% (Gonsiorek, Bera, & LeTourneau, 1994; Porter, 1986). Special populations such as male psychiatric inpatients (23%), sex offenders (31%), and male adolescent runaways (38%) show higher rates of sexual abuse as compared to the general population (Carmen, Rieker, & Mills, 1984; Groth, 1979; Janus, Burgess, & McCormack, 1987). As well, the self-reports of offenses by 453 sex offenders in psychiatric treatment showed that the median number of paraphilic acts committed outside the home was 10.1 against boys, and 1.4 against girls; the median number of paraphilic acts committed inside the home was 5.2 against boys, and 4.4 against girls (Abel & Osborn, 1992). Taken together, these examples provide reason to believe that boys are victimized in greater numbers than may be officially or publicly recorded.

Factors that prevent disclosure of sexual abuse by children include the assignment of secrecy, fear of retaliation, self-blame, threat of the loss of family security, fear of blame for the dissolution of the family, potential loss of a source of affection or attention from the perpetrator, and dissociation (Summit, 1983). The greater under-reporting of the sexual abuse of boys as compared to girls suggests that there are "variations in accommodation mechanisms" of boys (Summit, 1983). It may be that the factors listed above have different meanings for boys and girls, or it may be that there are additional unique factors that contribute to the under-reporting of sexual abuse by boys. Of course, many factors are similarly salient for both boys and girls.

The primary explanation proposed to account for the under-reporting of childhood sexual abuse by boys and men is the "special meaning of victimization to males," or more generally, the culture's stereotype of traditional masculinity (Dimock, 1988; Nasjleti, 1980; Peake, 1989). First, masculinity is viewed as antithetical to victimization. As a result of the dissonance between victimization and the male role, the adult male survivor may deny to himself or to others that he was sexually abused (Peake, 1989). Second, notions of youthful male sexuality mean that males are viewed as indiscriminately sexually willing and eager (Peake, 1989). The belief that early sexual experiences during a boy's adolescence are normative and even mandatory, forecloses on perceiving all but the most assaultive sexual experiences as abusive (Trivelpiece, 1990). Third, the stigma associated with homosexuality silences the adult male survivor who may have any doubts about his sexual orientation (Dimock, 1988). Whether or not the perpetrator is male or female, the question of being gay or becoming gay is thought to be an issue faced by many adult male survivors. Fourth, the cultural stereotypes of men and women make it more likely that protection agencies will recognize a male offender rather than a male victim (Nasjleti, 1980). Also, in the same way that males are typically viewed through a cultural lens as offenders, females are typically viewed as victims. The signs of offending by females are seldom recognized (Jennings, 1993). Fifth, because professional agencies (i.e., mental health, police, social services) have failed to identify male sexual abuse victims and to disseminate information about the problem of male sexual abuse, adult male survivors are often unaware of the services available to them (Peake, 1989). In light of the discussion of the problem of greater under-reporting by male victims of sexual abuse, current prevalence and incidence rates must

be carefully interpreted and utilized.

Prevalence and Incidence

Significant variations in the prevalence and incidence rates of childhood sexual abuse is not uncommon. Finkelhor (1986) concluded, based on a review of studies of various populations, the prevalence rate ranges from 3% to 31% for males and from 6% to 62% for females. In 1996, based upon studies since the Finkelhor (1986) review, Dhaliwal, Gauzas, Antonowicz, and Ross (1996) found comparable rates, ranging from 2.5% to 36.7% for males and 6.8% to 53. 5% for females. Variations in prevalence rates are influenced by the definition of sexual abuse, choice of sample, method of data collection, and response rates (Wyatt & Peters, 1986a, 1986b). Such a range of variation, however, poses concerns for informed decision making (Gonsiorek et al., 1994). Selected studies will illustrate prevalence rates according to definitions of sexual abuse and choice of sample.

Prevalence rates in college populations range from 4.8% to 24% (Dhaliwal et al., 1996; Finkelhor, 1979; Violato & Genuis, 1993a). Fromuth & Burkhart (1987) demonstrated variations in prevalence rates of childhood sexual abuse in male college populations, as a function of the definition of sexual abuse. In general, higher prevalence rates are associated with broad and more vague definitions (e.g., not distinguishing between contact and noncontact; not stipulating age of sex partner) of sexual abuse while lower prevalence rates are associated with narrow and more precise definitions of sexual abuse. When the definition is restricted to adult perpetrators, or an age difference of 5 years between the victim (who was 12 years or less at the time of the sexual abuse) and the offender, the prevalence rate are estimated at around 15% for males (Fromuth and Burkhart, 1989; Urquiza, 1988; Violato & Genuis, 1993b).

General population surveys produce prevalence estimates ranging from 2.5% to 31% (Badgley, 1984; Dhaliwal et al., 1996; Finkelhor, 1993; Violato & Genuis, 1993b). The National Population Survey was undertaken by the Committee on Sexual Offences Against Children and Youth in 1983 to estimate the prevalence and incidence of sexual offences against children and youth in Canada (Badgley, 1984). The survey had detailed questions about unwanted sexual acts, including exposure, threats, touching and assault, a large sample (n=2135), and a high return rate (94%). The main finding of the survey was that one in three males and one in two females have been victims of unwanted sexual acts at sometime during their lives; four out of five of such unwanted acts occurred when these adults were children or youths. Thus, the National Population Survey found that 26% (if one takes into account that four out of five unwanted acts occurred during childhood) of male children and youth in the general population are at risk for sexual abuse.

Prevalence rates based on special populations usually result in higher estimates than those based on college and community populations. One study found that of a sample of 1,001 adult homosexual and bisexual men attending a sexually transmitted disease clinic, 37% reported coerced or forced sexual contact with an adult during childhood or adolescence (Doll, Joy, Bartholow, Harrison, Bolan, Douglas, Saltzman, Moss, & Delgado, 1992). Thirty-eight percent of a Canadian sample of adolescent male runaways had histories of childhood sexual abuse according to Janus and colleagues (1987). Nineteen percent of a sample of juvenile sex offenders had been sexually abused (Becker, 1988). Estimates of the prevalence of childhood sexual abuse in the histories of adult sex offenders, including child molesters and adult rapists, ranges from a low of 11% to a high of 80% (Dutton & Hart, 1992;

Freeman-Longo, 1986; Groth, 1979; Seghorn, Prentky & Boucher, 1987).

Taken together, various authors have offered their estimate of the true prevalence of the sexual abuse of boys in the general population. Finkelhor (1993) estimated 10%, Violato & Genuis (1993b) suggested 11.5%, and Mendel (1992) estimated between 12.5% and 16%. The National Population Survey sample suggested 26%, a somewhat higher estimate than most general population prevalence estimates (Badgley, 1984).

Incidence refers to the proportion of sexually abused males within the population of sexually abused children. Not unlike the estimates of prevalence rates, the estimates of incidence rates have also varied considerably. Finkelhor (1993) estimated that 29% of victims are boys. Badgley (1984), based on the National Population Survey, contended that boys comprise 25% of sexual abuse victims. These estimates stand in sharp contrast to earlier estimates that only 1 in 10 victims of sexual abuse were boys. Finally, Mendel (1992) cited an unpublished archival study based on Child Protection Services Files over a 5-year period which found that boys constituted 45% of confirmed cases (Ramsey-Klawnsnik cited in Mendel, 1992). Generally, although some authors have predicted a "close-to-equal or equal-risk theory of victimization" (Knopp, 1990, p. 5), current incidence rates for males are estimated to be around 25% to 33%.

Abuse Characteristics

Descriptive characteristics of male childhood sexual abuse are important for a number of reasons. First, on a purely descriptive level, these abuse characteristics provide a depiction of the context within which the abuse occurred. Second, and closely related to the descriptive level, compilation of these characteristics allows for the possible identification of risk markers associated with the occurrence of sexual abuse of boys. Third,

abuse characteristics are often viewed as possible intervening variables which are used to account for variations in symptomatology of both child victims and adult survivors (Beitchman, Zucker, Hood, DaCosta, Akmaan, & Casssavia, 1992; Kendall-Tackett, Williams, & Finkelhor, 1993). The following characteristics of male childhood sexual abuse are presented: age at onset and cessation of abuse, type and severity of sexual abuse, gender of perpetrator, relationship between perpetrator and victim, and number of perpetrators. The relationship between abuse characteristics and the impact of sexual abuse will be reviewed in the section on the initial impact.

Results have been inconsistent with respect to comparisons between boys and girls on *age of onset of abuse*. Some studies have found that boy victims are younger than girl victims (DeJong, Hervada, & Emmett, 1983; Finkelhor, 1984; Pierce & Pierce, 1985; Rogers & Terry, 1984). Other studies have found that boy victims are older than girl victims (Faller, 1989; Finkelhor, 1979), and still others have found no difference (Badgley, 1984; Finkelhor, Hotaling, Lewis, & Smith, 1990). Most studies have suggested that the average age of onset of abuse for boys is between 7 and 10 years (Dhaliwal et al., 1996; DeJong et al., 1983; Ellerstein & Canavan, 1980; Finkelhor, 1979, 1984, 1990; Pierce & Pierce, 1985, Rogers & Terry, 1984). Both sexes are at risk for sexual abuse at any age; however, there appears to be an increased risk in pre-adolescence (i.e., 10 years) and at ages 6 and 7 (Finkelhor, 1993). Some studies have suggested that the *age of cessation of abuse* is younger for boys (11.8 years) as compared to girls (13.9 yrs) (e.g., Briere, Evans, Runtz, & Wall, 1988). Other studies have reported no difference in the age of cessation of abuse for boys and girls (e.g., Finkelhor, 1990).

Badgley's (1984) review of four national surveys (i.e., general

population, police force, hospital, child protection) suggested more similarity than difference between boys and girls with regard to the *type and severity of sexual abuse*. For example, comparable proportions of boys and girls experienced fondling/touching of the genital area. As well, the proportion of boys subjected to anal penetration (with penis, finger, object) was similar to the proportion of girls subjected to vaginal penetration (with penis, finger, object). In contrast, more girls experienced fondling/touching of the breasts and buttocks while more boys experienced oral-genital contact. Finally, similar proportions of boys and girls suffered threats of reprisal, blackmail, and physical assault (14% and 15%, respectively), physical coercion which included the brandishing of a weapon, physical restraint, and direct assault (37% and 40%, respectively). In addition to the Badgley report (1984), other studies have agreed that there is little difference in the severity and type of abuse experienced by boys and girls (Finkelhor, 1979; Fromuth & Burkhart, 1987; Finkelhor, 1990; Olson, 1990).

In contrast, other studies have concluded that boys are more severely abused than girls (DeJong et al., 1983; Ellerstein & Canavan, 1980; Farber, Showers, Johnson, Joseph, & Oshins, 1984; Spencer & Dunklee, 1986; Pierce & Pierce, 1985). More severe abuse was defined as more types of sexual abuse, more violent sexual abuse, and concomitant physical abuse. Yet, because of the reluctance of boy victims to report sexual abuse, it may be that only the most severe cases get reported, thereby creating the impression that boys are more severely abused than girls.

In terms of the *gender of perpetrator*, most studies have indicated that males constitute the majority (80% to 95%) of those who sexually abuse children, both boys and girls (Dhaliwal et al., 1996; Faller, 1989; Finkelhor, 1984; Jennings, 1993; Violato & Genuis, 1993b). Relatively little research

exists on female sex offenders and their victims (Jennings, 1993). According to studies of reported cases, the proportion of female perpetrators of boys ranges from 1% to 13% (DeJong et al., 1983; Ellerstein & Canavan, 1980; Farber et al., 1984; Jennings, 1993; Reinhart, 1987; Spencer & Dunklee, 1986). One exception was a study based on child protective services cases which found that 34% of boys were victimized by women (Ramsey-Klawnsnik, cited in Mendel, 1992). Self-report studies show that the percentage of male victims violated by female perpetrators ranges from 14% to 27% (Finkelhor, 1979; Finkelhor & Russell, 1984). It has been suggested that when females are perpetrators, either alone or in conjunction with a male perpetrator, boys are more likely than girls to be their victims (Faller, 1989). Documented forms of sexual abuse perpetrated by female offenders against boys have included fondling, mutual masturbation, oral, anal, and genital activities, pornography and sexual games (Jennings, 1993).

In terms of the *relationship between the perpetrator and victim*, it is no longer believed that boys are predominantly sexually abused by strangers outside of the home. Boys are also sexually abused by family members (Finkelhor, 1984; Faller, 1989; Farber et al., 1984; Pierce & Pierce, 1985; Reinhart, 1987; Spencer & Dunklee, 1986). And, when the sexual abuse is extrafamilial, more often than not, the perpetrator is known to the boy (Faller, 1989; Farber et al., 1984; Finkelhor, 1979; Fromuth & Burkhart, 1987; Nielsen, 1983; Rogers & Terry, 1984; Spencer & Dunklee, 1986). The ratio of intrafamilial to extrafamilial abuse is less clear. Estimates of the proportion of extrafamilial abuse of boys have ranged from 20% to 89% (DeJong et al., 1983; Faller, 1989; Farber et al., 1984; Finkelhor, 1979, 1984; Finkelhor, 1990; Pierce & Pierce, 1985; Reinhart, 1987; Rogers & Terry, 1984; Spencer & Dunklee, 1986). Child protection service samples have found the lowest

proportion of extrafamilial abuse while hospital emergency rooms have found the highest proportion of extrafamilial abuse (Mendel, 1992).

Currently, the evidence suggests that boys are more likely than girls to experience extrafamilial abuse. At the same time, there is accumulating evidence that boys are often sexually abused within the family.

When abused within the family, some studies have found a low rate of perpetration by natural fathers, ranging from 7% to 20% (Ellerstein & Canavan, 1980; Pierce & Pierce, 1985; Spencer & Dunklee, 1986). Other studies have found higher rates of perpetration by natural fathers, ranging from 29% to 52% (Faller, 1987; Friedrich, Beilke & Urquiza 1988; Olson, 1990). It has been estimated that stepfathers constitute 7% to 28% of perpetrators (Faller, 1989; Pierce & Pierce, 1985) while mothers comprise around 5% of the perpetrators (Faller, 1989; Pierce & Pierce, 1985). There seems to be a high percentage of adolescent perpetrators against boys (Ellerstein & Canavan, 1980; Reinhart, 1987; Rogers & Terry, 1984; Spencer & Dunklee, 1986). In one study, females constituted almost half of the adolescent perpetrators (Risin & Koss, 1987). Finally, some evidence has suggested that boys are often victims of more than one perpetrator (Faller, 1989; Finkelhor, 1984; Rogers & Terry, 1984). As well, boys are seldom solo victims (Faller, 1989; Finkelhor, 1984; Nielsen, 1983; Pierce & Pierce, 1985; Spencer & Dunklee, 1986). These latter two findings, however, may have been artificially inflated because of reliance on sex-ring studies and the tendency for under-identification of the male solo victim (Mendel, 1992).

Conclusions

Prevalence rates vary as a result of the definition of sexual abuse, the choice of sample, the method of data collection, and response rates (Wyatt & Peters, 1986a, 1986b). As well, the prevalence rates of the sexual abuse of boys

may be influenced by the problem of under-reporting (Nasjleti, 1980; Peake, 1989). It is hypothesized that the cultural stereotype of traditional masculinity prevents boys and men from reporting childhood sexual victimization. The true prevalence rate is estimated to be between 10% and 16% (Finkelhor, 1993; Mendel, 1992; Violato & Genuis, 1993b). The incidence of boy victims of childhood sexual abuse is estimated to be around 25% to 33% (Badgley, 1984; Finkelhor, 1993).

Findings on the age of onset and cessation of the abuse for boys are inconsistent. Estimates suggests age of onset is between 7 and 10 years, and age of cessation is during the pre-adolescent years (e.g., Finkelhor et al., 1990). There is some suggestion that the sexual abuse of boys is more severe (i.e., penetration), yet this finding may occur because only the most symptomatic boys show up in clinical settings (e.g., Dhaliwal et al., 1996; Kendall-Tackett et al., 1993). Most boys, like girls, are abused by males, however, the abuse by females seems to be increasingly recognized and reported (e.g., Jennings, 1993). Although boys may be more likely than girls to experience extrafamilial abuse, evidence is accumulating that boys are abused within the family, too (e.g., Finkelhor, 1990).

The Impact of Sexual Abuse on Males

The review of the current literature on the impact of sexual abuse on males is divided into two sections: a brief overview of the initial impact and a more comprehensive survey of the long-term impact. To date, reviews on the impact of sexual abuse on male survivors have failed to distinguish between quantitative, clinical, and qualitative data (Bolton, Morris & MacEachron, 1989; Dhaliwal et al., 1996; Genuis, Thomlison, & Bagley, 1991; Mendel, 1992; Olson, 1990; Urquiza, 1988; Vander Mey, 1988; Violato &

Genuis, 1993b; Watkins & Bentovim, 1992). As well, these reviews have not always distinguished among data collected from different populations (e.g., college students, general population, sex offenders, male survivors in outpatient treatment). Both the nature of the data and the type of population, however, reveal divergent perspectives on the impact of sexual abuse on males. Generally, quantitative studies show a great deal of consistency with what is known about the impact of sexual abuse on females. In contrast, clinical and qualitative studies suggest some gender-related impact issues for males.

Initial Effects

To date, the few available reviews of the initial effects of abuse on boys have lacked stringent inclusion criteria (e.g., Vander Mey, 1988; Watkins & Bentovim, 1992). Vander Mey's (1988) review was primarily based on clinical studies. Watkins and Bentovim (1992), too, acknowledged that the studies they reviewed had numerous limitations including, "being anecdotal; having biased samples; samples being too small in size; a lack of comparison groups; having no or insufficient objective measures; being retrospective; and, most relevantly, failing to undertake gender analysis" (p. 197). Therefore, these reviews will supplement a review with more stringent inclusion criteria compiled by Kendall-Tackett and her colleagues (1993).

A comprehensive review of the impact of sexual abuse on children (i.e., not distinguishing between males and females) will provide the context within which to consider the initial impact of sexual abuse on boys. Kendall-Tackett and her colleagues (1993) reviewed and synthesized findings from 45 empirical studies on the impact of sexual abuse on children. Inclusion criteria included child victims aged 18 years and under, and

quantitative results based on comparisons between sexually abused children and nonabused children (clinical or nonclinical). Excluded were case studies, studies of special populations (i.e., teen prostitutes, juvenile sex offenders), and studies that mixed adult and child victims.

Comparison of abused and nonabused children revealed that sexually abused children were consistently more symptomatic than nonabused children when it came to fears, nightmares, general post-traumatic stress disorder (PTSD), withdrawn behavior, neurotic mental illness, cruelty, delinquency, sexually inappropriate behavior, regressive behavior, running away, general behavior problems, self-injurious behavior, internalizing and externalizing behavior. Suicidal behavior and low self-esteem did not consistently discriminate between sexually abused and nonabused children. At the same time, not all sexually abused children showed PTSD symptoms and many nonsexually abused children exhibited PTSD symptoms. Where data allowed, Kendall-Tackett et al. (1993) calculated effect sizes and found that sexual abuse status accounted for, on average, 31% of internalizing behaviors (anxiety, depression, withdrawal) and 39% of externalizing behaviors (aggression, sexualized behavior). Sexual abuse was reliably related to general symptoms such as depression, aggression, and withdrawal, and more abuse-specific symptoms like sexualized behavior. Nevertheless, there is a "lack of evidence for a conspicuous syndrome" in sexually abused children (p. 173, Kendall-Tackett et al., 1993). Rather, sexually abused children manifest a variety of symptoms and fail to reliably exhibit one particular symptom cluster. PTSD symptoms and sexualized behavior occur most consistently, but not in all victims.

Kendall-Tackett and her colleagues (1993) discussed the contradictory and confusing findings on the relationship between abuse characteristics and

the initial outcome measures. There are many problems with correlating the abuse characteristics and impact including the confounding effect of high correlations among the abuse characteristics, and the varying definitions of the abuse characteristics (e.g., severity defined as duration of abuse, use of force, or type of abuse). Kendall-Tackett and her colleagues (1993) concluded that the data are inconclusive with regard to the relationships between age of onset and number of perpetrators, and symptomatology. Although penetration seems to be associated with more symptoms, the varying definitions of severity of abuse (e.g., penetration versus number of sexual acts) across studies renders this conclusion tentative (Kendall-Tackett et al., 1993). There seems to be an association between the relationship between the perpetrator and victim and more serious effects. Yet, varying definitions of closeness (e.g., kinship label versus measure of emotional closeness) pose a problem in interpreting the association (Kendall-Tackett et al., 1993). Factors which have been found to be associated with a decreased impact of childhood sexual abuse have included adolescent perpetrators and female perpetrators, a supportive social environment, and the ability of the victim to cope with the trauma (Conte & Schuerman, 1987; Finkelhor & Browne, 1988).

Researchers repeatedly grapple with what can be said about sex differences in initial impact (Browne & Finkelhor, 1986; Finkelhor, 1990; Kendall-Tackett et al., 1993; Vander Mey, 1988; Watkins & Bentovim, 1992). In terms of the quantitative data, the evidence for sex differences appears to be mixed. According to Kendall-Tackett et al. (1993), little consistent evidence exists for the popular belief that boy victims are more likely to show externalizing symptoms and girl victims are more likely to show internalizing symptoms. Watkins and Bentovim (1992), based on their

summary of studies utilizing the Child Behavior Checklist, reached a similar conclusion. They found that abused children, boys and girls, were more likely than nonabused children to show significant elevations on both the internalizing and externalizing factors of the Child Behavior Checklist. In contrast, other reviews on the initial impact on boy victims concluded that certain problem clusters stand out for boy victims of sexual abuse: "disturbances of conduct" such as aggressive and delinquent behavior, and "inappropriate sexual behaviors" such as homophobia, compulsive sexual behaviors, confusion around sexual orientation, and sexually acting out/offending (Mendel, 1992; Urquiza & Capra, 1990; Vander Mey, 1988).

What can account for this discrepancy? Basically, it would appear that the reviews have based their conclusions on almost entirely different batteries of studies. For example, the Kendall-Tackett et al. (1993) review employed rigorous exclusion criteria while the other reviews (Mendel, 1992; Urquiza & Capra, 1990; Vander Mey, 1988) employed no exclusion criteria, thereby mixing findings based on quantitative, qualitative, and clinical data. Another significant problem with the findings on the initial impact on boys concerns the under-reporting of boy victims. Given the under-reporting of the boy victims paired with the tendency for boy victims to reach clinical services only after having acted out or sexually offended, it may be that conclusions about the initial impact of sexual abuse on boys are based on a unique but possibly misrepresentative sample of abused boys. Thus, it remains difficult to provide any firm conclusions about sex differences in the initial impact of sexual abuse on boys and girls based on quantitative data.

Clinical studies, although limited in the generalizations that can be made, offer more description and clues about the possible gender-related

reactions of male children to sexual abuse (Pescosolido, 1989; Rogers & Terry, 1984; Sebold, 1987). Based on their clinical experience with sexually abused boys, Rogers and Terry's (1984) conceptualization of three gender-specific reactions captures the findings of these clinical studies. First, boy victims express considerable confusion and anxiety about sexual identity. In seeking explanations of why they were abused, abused boys, not unlike abused girls, often blame themselves for the abuse. It appears, however, that the nature of the explanations differs from those given by girl victims. For example, boy victims blame themselves for having "feminine attributes" (slight build, soft speech, warm personality), for possibly expressing a homosexual orientation, and for failing to successfully resist the abuser. A second behavioral reaction is an inappropriate attempt to reassert one's masculinity. Apparently, it may indicate a compensatory overidentification with the masculine stereotype, or serve as a protective mechanism, albeit a restrictive one. This would include aggressive behaviors such as bullying other children, picking fights, destruction of property, confrontational behavior with parents and teachers, and chronic disobedience. The third behavioral reaction that may be unique to boy victims is the recapitulation of the victimization experience by sexually abusing others.

In summary, the empirical literature on the initial effects of sexual abuse on boys is contradictory. On the one hand, some reviews have found little quantitative evidence to confirm that boys show more externalizing behaviors in response to sexual abuse than do girls (Kendall-Tackett et al., 1993; Watkins & Bentovim, 1992). On the other hand, some reviews employing less rigorous exclusion criteria have suggested that boys engage in more externalizing behaviors as compared to girls, ranging from nondelinquent acting-out behaviors to sexually victimizing others, (Mendel,

1992; Urquiza & Capra, 1990). These reviews, too, have found that boys have special concerns about their sexuality centering around sexual orientation. Findings from the clinical literature have concurred with this latter group of reviews (e.g., Pescosolido, 1989; Rogers & Terry, 1984; Sebold, 1987).

Long-Term Effects

What is the relationship between the initial impact of childhood sexual abuse and the long-term impact? Do the initial effects persist over time and look the same or different in adulthood? Do the initial effects "disappear" and then reappear during a particularly significant developmental milestone (i.e., "sleeper effects") (Beitchman et al., 1992)? In what ways are the initial effects integrated into the developing self? According to researchers in the area, the long-term impact of childhood sexual abuse is a function of the interference of the initial effects on the individual's subsequent psychological development and of the survivor's ongoing coping responses to abuse-related symptoms (Gelinas, 1983; Briere, 1992a).

The multiple pathways between the initial impact and the long-term impact have yet to be determined. However, according to current developmental theory (e.g., Sroufe, 1989), the initial impact of sexual abuse can be expected to demonstrate some coherence and continuity over the developmental lifespan. Coherence allows for a wide variety of conceptually related behaviors to occur across the developmental lifespan, while continuity suggests that the same underlying problem is present, albeit in different manifestations. To illustrate, according to the traumagenic dynamics model of sexual abuse (Finkelhor & Browne, 1988), traumatic sexualization could be observed in a young boy victim's preoccupation with masturbation and age-inappropriate sexual knowledge.

As the boy victim enters adolescent and faces developmental tasks associated with sexuality issues, traumatic sexualization may manifest in concerns about sexual orientation and sexual intimacy. Upon entering adulthood, traumatic sexualization may be apparent in sexually promiscuous behavior.

The mechanisms that mediate the relationship between the initial impact and the long-term impact have yet to be clearly identified and understood. In this respect, some of the questions to be examined include: the relationship between abuse characteristics (e.g., severity, gender of perpetrator) and particular types of psychological dysfunction; the relationship between third variables (e.g., physical abuse) and long-term effects; the connection between the child's preabuse level of functioning and long-term effects (Briere, 1992b); and, the victim's understanding of the sexual abuse (Conte & Schuerman, 1987).

As with the literature review on the initial effects, it is important to distinguish between quantitative, qualitative, and clinical data when considering the evidence for long-term effects. In addition, it is imperative to distinguish among various types of samples (Schetky, 1990). The failure to distinguish between adult male survivors without known histories of sex offending and sex offenders with histories of childhood sexual abuse has created confusion about the victim-offender cycle. The failure to distinguish between homosexual and/or bisexual populations, and psychotherapy-seeking male survivors (heterosexual and homosexual) has resulted in some confusion about the impact of childhood sexual abuse on sexual orientation. Overall, quantitative studies show much consistency with what is known about the impact of sexual abuse on females, while clinical and qualitative studies suggest some different long-term effects for males. Table 1 provides an overview of the types of studies and kinds of samples used in

Table 1. Classification of Selected Studies.

Data	Sample		Study
Review	Mixed	Mixed Mixed Mixed Mixed	Bolton et al. (1989) Dhaliwal et al. (1996) Mendel (1992) Urquiza & Capra (1990)
Quantitative	Community	College Students College Students College Students College Population General Population	Collings (1995) Finkelhor (1981) Fromuth & Burkhart (1989) Urquiza (1988) Stein et al. (1988)
	Clinical	Male Survivors Male Survivors Male Survivors Male Survivors Male Survivors	Briere et al. (1988) Kelly & Gonzalez (1990) Mendel (1992) Olson (1990) Schulte et al. (1995)
	Special	Homosexual/Bisexual Homosexual Offenders Sex Offenders Sex Offenders Offenders	Doll et al. (1992) Simari & Baskin (1982) Dutton & Hart (1992) Groth (1979) Seghorn et al. (1987) Widom & Ames (1994)
Clinical	Clinical	Male Survivors Male Survivors Male Survivors Male Survivors Male Survivors Male Survivors Male Survivors Male Survivors Male Survivors Male Survivors Male Survivors	Blanchard (1986) Bruckner & Johnson (1987) Crowder (1993) Dimock (1988) Isley (1992) Johanek (1989) Krug (1989) Mendel (1992) Myers (1989) Schwartz (1994) Singer (1989)
Lay	Clinical	Male Survivors Male Survivors	Hunter (1990) Lew (1990)
Qualitative	Clinical	Male Survivors Male Survivors	Etherington (1995a, 1995b) Lisak (1994)

the literature review on the long-term impact of childhood sexual abuse on adult male survivors.

Quantitative Studies

Community samples have consisted of college (e.g., Finkelhor, 1981; Fromuth and Burkhart, 1989; Urquiza, 1988) and general populations (e.g., Stein, Golding, Siegel, Burnam, & Sorenson, 1988). The relationship between childhood sexual abuse and a variety of long-term effects has been inconsistent. On the one hand, a variety of symptoms on psychiatric checklists have been endorsed such as obsessiveness compulsiveness, substance abuse, depression, hostility, interpersonal sensitivity, paranoid ideation, psychoticism, anger, guilt and low self-esteem (Fromuth & Burkhart, 1989; Urquiza, 1988). Low sexual self-esteem, dissatisfaction after sexual experiences, sexual dysfunction such as premature ejaculation and difficulty with sexual arousal have also been reported (Finkelhor, 1981; Fromuth & Burkhart, 1989; Urquiza, 1988). Urquiza (1988) found that college students with histories of childhood sexual abuse had seriously considered suicide, had been fired from a job, and had been in therapy.

On the other hand, these same studies often used different measures to assess similar constructs and found no relationship between childhood sexual abuse and long-term effects (Fromuth & Burkhart, 1989; Urquiza, 1988). For example, indications of maladjustment did not emerge in the following areas: depression, self-esteem, locus of control, a self-rating adjustment scale, and several indicators of current sexual behavior such as dating, noncoital sexual behavior, satisfaction with sexual intercourse, sexual promiscuity, masturbation, and sexual drive (Fromuth & Burkhart, 1989); and, alcohol-related problems, history of running away from home, satisfaction with current sexuality, dissociation, anxiety, post-traumatic

stress, and some components of a self-concept scale (Urquiza, 1988).

Various explanations have been offered to account for the mixed findings in college and community samples - use of different definitions of sexual abuse (e.g., failure to distinguish between contact and noncontact sexual abuse), failure to assess perceptions of the sexual experience as positive or negative, and inadequate measures. For example, in the Fromuth & Burkhart (1989) study, the majority of perpetrators were adolescent females (78%) and more than half of the respondents (60%) recalled the sexual activity as pleasurable at the time of the abuse. Failure to distinguish between positive and negative perceptions of the sexual activity could result in the "washing out" of correlations between abuse and effects. Still, sexual activity perceived as benign or positive *may or may not* be associated with long-term effects. Too, researchers in the area have begun to recognize that some groups of individuals appear to report few or no deleterious effects thus leading to the search for protective or resiliency factors (Mrazek & Mrazek, 1987; Kendall-Tacket et al., 1993).

Collings (1995) attempted to address the mixed findings in college sample studies by correcting the methodological problems of inclusive definitions of sexual abuse (contact and noncontact sexual abuse) and the failure to control for the influence of family background. Sexual abuse was defined as unwanted sexual experiences prior to 18 years of age, involving either contact (e.g., intercourse, genital contact), or noncontact (e.g., exhibitionism). Three groups - a control group, a contact sexual abuse group, and a noncontact sexual abuse group - completed the Brief Symptom Inventory, a self-report inventory on various dimensions such as somatization, depression, hostility and psychoticism. The contact sexual abuse group scored significantly more severe on the BSI as compared to the

noncontact sexual abuse group and the control group. The level of symptomatology was consistent with findings obtained on clinical samples (Collings, 1995).

With regard to sex differences in impact in a community sample, Stein and her colleagues (1988) conducted their investigation on approximately 3000 residents in the Los Angeles area. Participants were asked whether they had ever been forced or pressured into sexual contact prior to age 16 years. According to this definition, the prevalence rate for women was 6.8% and the rate for men was 3.8%. On the lifetime prevalence of psychological symptoms (e.g., fearful, afraid of sex, guilty, depressed, angry, anxious, insomnia), over 65% of the abused men and 82% of the abused women had experienced at least one symptom. The only significant difference was that women reported significantly more substance use and fear of being alone than men. No sex differences were found on current prevalence of psychological symptoms. On the lifetime prevalence of psychiatric disorders, abused men as compared to nonabused men had significantly higher rates of substance abuse/dependence and having had at least one psychiatric disorder (e.g., one of the following: substance use disorders, schizophrenic disorders, affective disorders, anxiety disorders, antisocial personality disorder). Abused women as compared to nonabused women had significantly higher rates of all psychiatric disorders except antisocial personality disorder. Abused men and abused women were not directly compared on lifetime or current prevalence of psychiatric disorders.

To date, only a handful of quantitative studies on the long-term effects of sexual abuse in clinical samples of males survivors (outpatient) have been completed (Briere et al., 1988; Kelly & Gonzalez, 1990 in Mendel, 1992; Mendel, 1992; Olson, 1990; Schulte, Dinwiddie, Pribor, & Yutzy, 1995).

Schulte and colleagues (1995) assessed 20 treatment-seeking male survivors on the National Institute of Mental Health Diagnostic Interview Schedule (DSM-III-R) and the Dissociative Experiences Scale (DES). The results showed that participants experienced high lifetime prevalence rates for mood disorders, anxiety disorders, somatoform pain disorder, and substance use disorders, with a mean of 6.3 lifetime diagnoses. On the DES, the median score for the male survivors was much higher than the median score reported by normal participants in a previous study. Moreover, there was a trend towards higher DES scores as the severity of abuse increased.

Olson (1990) compared 44 sexually abused men in outpatient treatment and 25 non-sexually abused men in outpatient treatment. Results confirmed predicted differences between the sexually abused group and the clinical control group on five MMPI scales (Masculinity-Femininity, Psychopathic Deviance, Schizophrenia, Paranoia, Psychasthenia) and a variety of behavioral and interpersonal problems. Significant differences on the problem checklist were: substance abuse, compulsive sexual behavior, work-related problems, compulsive overeating, hustling/prostituting, rage, partner's violence, having been arrested and served time in jail, compulsive spending, self-mutilation, and compulsive relationships. Differences were not found in compulsive gambling, bulimic or anorexic eating behavior, hiring prostitutes, violence in a relationship and compulsive shoplifting.

A study in progress by Kelly and Gonzalez (1990, cited in Mendel, 1992), assessed adult male survivors from an outpatient treatment group on a checklist based on Finkelhor and Browne's (1988) model of the four traumagenic dynamics of child sexual abuse. These authors found that adult male survivors endorsed numerous problems in each of the traumagenic dynamics: 1) *traumatic sexualization* - confusion about sexual identity

(63% of the men reported previous or current difficulty in this area), aversion to sexual intimacy (44%), sexual dysfunction (44%), sexual preoccupation (44%), compulsive sexual behaviors (44%), aggressive sexual behaviors (13%); 2) *stigmatization* - extreme guilt (69%), extreme shame (69%), sense of being different than others (94%), lowered self-esteem (100%), feelings of isolation (88%), eating problems (44%), drug or alcohol abuse (38%); 3) *betrayal* - depression (88%), suicidal thoughts (81%), suicide attempts (13%), extreme dependency (50%), impaired ability to trust men (81%), impaired ability to trust women (50%), discomfort in intimate relationships (81%), marital problems (100%), family problems (75%), difficulty with male friendships (75%), difficulty with female friendships (31%), difficulty establishing romantic relationships (63%), difficulty maintaining romantic relationships (56%); 4) *powerlessness* - extreme anxiety (69%), flashbacks (81%), nightmares (63%), sleeping problems (63%), extreme anger (56%), employment problems (44%), self-injurious behaviors (31%), aggressive behaviors (13%), criminal involvement (13%).

In another study, 121 adult male survivors in outpatient therapy completed a questionnaire package (Mendel, 1992). The characteristics of the abuse histories of the men in the sample varied in degree of severity, duration, age of onset, and showed a high incidence of female perpetration and intrafamilial abuse. Broad indicators of psychological dysfunction showed that 21% of the adult male survivors had been hospitalized for psychiatric reasons; 32% had attempted suicide; the average duration of psychotherapy received was 5 years; sexual adjustment was rated as below average; and, trauma-related symptoms were experienced, on average, sometimes and very often (Mendel, 1992).

In addition to reporting the psychiatric history, Mendel (1992)

examined differences in long-term effects according to variation in the characteristics of the childhood sexual abuse. Very few quantitative studies using *clinical* samples of adult male survivors have examined the factors associated with an increased impact of childhood sexual abuse. Although a questionable statistical procedure, Mendel (1992) identified the highest level of statistical significance of the correlations between the abuse characteristics and the outcome measures. He found that a close relationship between victim and perpetrator, intrafamilial abuse, abuse by a male perpetrator, longer duration of abuse, greater severity of abuse (i.e., mild, moderate, severe), and early age at onset of abuse were associated with greater overall psychiatric symptomatology. Overall psychiatric symptomatology was based on the means of the Trauma Symptom Checklist, the Benevolence and Self-Worth scales of the World Assumptions Scale, and the self-report of sexual adjustment. Similarly, the presence of physical abuse and substance abuse by the parents was significantly associated with greater symptomatology.

Furthermore, in the Mendel (1992) study, there was some evidence to indicate the specificity of the associations between abuse characteristics and outcome. Based on the highest correlations and a step-wise regression analysis, sexual activity with both males and females, and drug use by the perpetrator accounted for 17% of the variance of post-traumatic stress symptomatology. Longer duration of abuse and drug use by the perpetrator accounted for 11% of the variance in poor self-worth. Early onset of abuse accounted for 10% of the variance in the outcome of malevolent world view. In contrast, none of these predictor variables (i.e., severity, duration, onset) was related to indices of sexual adjustment. With respect to the gender of the perpetrator, male survivors abused by both males and females (multiple perpetrators) were the most disturbed as measured by the

psychiatric symptomatology composite. Adult male survivors abused by males only were more severely disturbed than those abused by females only.

Of relevance to the issue of the male survivor's perception of the sexual abuse, Mendel (1992) distinguished between sexual activity and sexual abuse. The respondents were asked if childhood sexual activity had occurred, and if it had, they were asked if they considered the sexual activity to be abusive. Between 80% and 90% of the sexual activity with father and mothers was considered to be abusive. Interestingly, sexual activity with fathers was related to a greater range of disturbance than was sexual activity with mothers. When sexual activity with mothers was considered to be abusive by the respondent, the degree of maladjustment increased. Seventy percent of the sexual activity with siblings was considered to be abusive. Sexual abuse by siblings was associated with several negative outcomes, however, sexual activity with siblings was not. In contrast, sexual activity with either parent, whether considered abusive or not, was associated with negative outcomes.

With regard to sex differences in impact in a clinical sample, Briere and his colleagues (1988) found no differences between 20 sexually abused men and 20 sexually abused women on previous suicide attempts or subscale scores on the Trauma Symptom Checklist-33 (TSC-33) (i.e., Dissociation, Anxiety, Depression, Anger, Sleep Disturbance, Post Sexual Abuse Trauma). They did find significant differences between the abused group (men and women, $n = 40$) and a matched group of non-sexually abused men and women who presented at a crisis counselling centre. The sexually abused group had higher scores on all of the TSC-33 subscales and were more likely to have previously attempted suicide.

Reviews can offer only tentative conclusions about sex differences

because of the scarcity of methodologically sound studies comparing sexually abused men and women (Dhaliwal et al., 1996; Watkins & Bentovim, 1992). Watkins and Bentovim (1992) suggested that abused men report fewer depressive and anxiety disorders and more substance abuse disorders than abused women. They found no strong support for sex differences in the areas of sexual functioning, self-esteem, and relationship problems. Dhaliwal and his colleagues (1996) called for more studies to address the issue of sex differences. In their review, they tentatively suggested that abused men use more externalizing coping strategies (i.e., aggressive, antisocial, lack of control over behavior) than abused women. They were unable to draw any firm conclusions about sex differences in the areas of emotional stability, depression, self-esteem, intimate relationship, sexual functioning and substance abuse.

Prior to reviewing the clinical studies, two long-term effects commonly thought to be unique to male survivors will be considered separately. These are the development of a homosexual orientation and sexual offending against others (Dhaliwal et al., 1996; Mendel, 1992). Speculation that childhood sexual abuse by a male offender may "cause" homosexual orientation is based on findings such as the higher rates of childhood sexual abuse among homosexual populations as compared to heterosexual populations (e.g., Doll et al., 1992; Simari & Baskin, 1982). Numerous methodological problems with the studies that produced these findings cast doubt on their validity. For example, some studies used broad definitions of sexual abuse (e.g., peer sexual activity) and special homosexual samples (e.g., at a STD clinic) (e.g., Doll et al., 1992). Studies have generally not partialled out those male survivors who identified themselves as homosexual prior to the sexual abuse. Little recognition has been given to

the possibility of a reporting bias favoring more disclosures from homosexual male survivors than from heterosexual male survivors (Mendel, 1992). Rather than searching for a causal connection between childhood sexual abuse by a male offender and homosexual orientation, it would seem more helpful to distinguish between those survivors who express concern or confusion about their sexual orientation from those survivors who are satisfied with their sexual orientation.

The belief that men who were sexually abused as boys become sex offenders has been fueled by findings that many sex offenders are victims of sexual abuse (e.g., Becker, 1988; Groth, 1979). The most common estimate is that about 30% of sex offenders have a history of childhood sexual abuse (Dutton & Hart, 1992; Seghorn et al., 1987), although some studies estimate that as many as 80% of sex offenders have been sexually abused (Freeman-Longo, 1986; Vasington, 1989). Much research, however, challenges the intergenerational transmission of violence hypothesis and the specificity of a victim-of -sexual abuse-turned-sex offender cycle. The finding of no differences in the prevalence rates of childhood sexual abuse between sex offenders and other offenders, and the finding that a significant portion of male victims (of sexual abuse) do not go on to sexually abuse others argues against this popular belief (Dhaliwal et al., 1996). The rate of intergenerational transmission of abuse seems to be around 30% (Herman, 1992; Kaufman & Zigler, 1987; Widom, 1989).

Using a prospective cohort design, Widom and Ames (1994) found that childhood sexual abuse did not uniquely increase risk for adult criminal behavior; instead, sexual abuse victims, similar to physical abuse and neglect victims, were at a higher risk for arrest for sex crimes than controls. Thus, sexual aggression is multi-determined and complex (Malamuth,

Sockloskie, Koss, & Tanaka, 1991). Moreover, sex offenders are a heterogeneous group of criminals with widely varying family and developmental backgrounds, psychological profiles, mental disorders, and criminal histories (Prentky & Knight, 1991). A history of childhood sexual abuse is not the sole determining factor of sex offending. Clearly, sex offenders constitute a unique population, and drawing generalizations about adult male survivors from this population may be misleading.

To recap, quantitative studies in community and college populations provide mixed findings for an association between a history of childhood sexual abuse and evidence for long-term effects in adulthood. When a strict definition of sexual abuse is used in general populations, however, the data show the presence of symptomatology. Quantitative studies using clinical samples find an impressive range and variety of symptomatology among male survivors presenting on an outpatient basis. Generally, men with a history of childhood sexual abuse show more symptomatology than men without a history of childhood sexual abuse. Finally, sex differences in long-term effects between male and female survivors are few and weak. Moreover, the popular belief that the development of a homosexual orientation and sexual offending against others are inevitable sequelae for male survivors is not well supported by the empirical evidence.

Clinical Studies

Studies based on case notes, clinical observation, treatment for adult male survivors (Blanchard, 1986; Bruckner & Johnson, 1987; Dimock, 1988; Isley, 1992; Johaneck, 1989; Krug, 1989; Myers, 1989; Schwartz, 1994; Singer, 1989), interviews with adult male survivors (Mendel, 1992) and books written as resource manuals for adult male survivors (Hunter, 1990; Lew, 1990) and therapists (Crowder, 1993) are considered clinical studies (which

use clinical samples). Clinical studies provide a rich source of information and ideas about the more profound effects of abuse on self and relationships (Alexander, 1992; Cole & Putnam, 1992) and the meanings people ascribe to the sexual abuse experience (e.g., Briere, 1992a; Conte & Schuerman, 1987). Clinical studies, however, do not provide statistical information with respect to the frequency or representativeness of the long-term effects described.

Most of the clinical studies have described the long-term effects observed in male survivor outpatient clients. Notably, many authors did not report how they took gender into account nor did they explicitly identify long-term effects which may be unique to male survivors. For example, based on his clinical observations of 14 male survivors, Myers (1989) identified eight problem areas. These included: repression and denial, self-blame and shame, posttraumatic symptoms, male gender identity fragility, sexual orientation ambiguity, sexual difficulties, mistrustfulness of adult men, and disturbances of self-esteem and body image. Krug (1989), based on eight male survivors who had been abused by females, identified relationship problems, depression, substance abuse, and sexual identity confusion. Dimock (1988) used a sample of 25 men, case notes, clinical observations, and a questionnaire, and found three characteristics of adult males abused as children - sexual compulsiveness, masculine identity confusion, and relationship dysfunction. Bruckner and Johnson (1987), based on group work with 11 male survivors, highlighted the themes of the groups - anger, impact on sexuality, victims as offenders, and intimacy and trust issues.

In contrast, Mendel (1992) specified long-term effects unique to male survivors. He conducted semi-structured interviews with 10 male

survivors. The purpose of the interview was to obtain the respondent's understanding of the effects of the childhood sexual abuse on his life. Based on these interviews, Mendel (1992) proposed three issues of particular salience for male survivors (a) masculinity and victimization; (b) shame and gender shame; and (c) identifications and fear of perpetrating.

Of the first theme, Mendel (1992) concluded that the respondents experienced doubts about their masculinity and confusion about their sexual orientation. The male survivors' doubts about masculinity manifested in the experience of powerlessness, one of Finkelhor and Browne's (1988) traumagenic dynamics of sexual abuse:

Virtually all of the men in this study reported struggles integrating their sense of themselves as men with their childhood experiences of victimization. Their schemas of what it is to be male do not incorporate feelings of helplessness and passivity . . . The experience of helplessness and being-acted-upon appears to be very threatening to men's sense of themselves as men (p. 205).

He reported that the participants tended to blame themselves for "permitting" the abuse and to perceive themselves as "deficient, unmanly, and incompetent." Mendel (1992) contrasted his findings to the literature which suggests that the female survivor tends to engage in a different sort of self-blame, that of the "seductive daughter" (Herman, 1981). Another example of doubts about masculinity came from Myers' (1989) descriptions of male gender identity fragility:

All of the men sustained damage to their subjective sense of maleness or masculinity as a consequence of the assault. . . . Male gender identity shakiness was temporary and recovered in time with some of the men; the others had long-standing difficulty. One man, when

severely depressed, literally felt his maleness leaving his body. Many equated tarnished masculinity with loss power, control, identity, selfhood, confidence, and independence (p. 210).

Of the other aspect of masculinity and victimization, sexual orientation confusion, Mendel (1992) reported that several respondents wondered if the abuse meant that they were gay. Conversely, one respondent believed the abuse interfered with his ability to recognize that he was gay. One heterosexual respondent reported that others thought he was gay because of his "gentle nature and lack of aggressiveness." Another heterosexual respondent misconstrued his desire for friendships with males as sexual. Mendel's (1992) observations suggest multiple meanings of sexual orientation confusion and numerous pathways between childhood sexual abuse and sexual orientation confusion. Such observations stand in contrast to previous findings that have tended to narrowly focus on homophobic concerns in sexual orientation confusion (Dimock, 1988; Krug, 1989; Myers, 1989).

Of shame and gender shame, Mendel (1992) interpreted his findings within Finkelhor and Browne's (1988) traumagenic model. For female survivors, stigmatization has referred to a sense of the self as "damaged goods," feelings of shame, worthlessness, isolation, and overall, a poor self-concept. Again, Mendel (1992) suggested that stigmatization appears to be different for male survivors:

There appears to be a somewhat different cast to men's shame regarding sexual abuse. One aspect of this . . . stems from the lack of societal recognition of male victimization, and the consequent stigma experienced by male survivors. [Another aspect is] "gender shame." As the term implies, this refers to a sense of shame about oneself as a

member of the class of 'men' (p. 209).

Mendel (1992) found that respondents seemed to perceive the class of men as "abusive, hurtful, evil, and loathsome." Some respondents abused by females seemed to have learned that men are "inferior and worthless." Mendel (1992) conjectured that the male survivor may find himself in an untenable position - he is a member of a gender class that is viewed as oppressive, yet he is one of the oppressed. Isley (1992), based on group work with male survivors, echoed a similar observation such that males seem to feel more "ashamed, embarrassed, and denigrated" by the sexual abuse while women tend to feel "degraded, dirty, or despoiled" (p. 234).

The third theme Mendel (1992) identified concerned patterns of identification - as victim, as perpetrator, or as rescuer (Lew, 1990) - and the fear of perpetrating. He found that a few respondents discussed recurrent victimization. Many discussed, however, being rescuers or helpers (e.g., medical doctors, social worker). Almost all of the 10 respondents expressed fears of perpetrating a cycle of abuse, although none reported having sexually offended. Similarly, Bruckner and Johnson (1987) reported that all male survivors in their study reported concerns about sex offending against children. None had offended as adults, but some admitted to having sexually offended during adolescent. Moreover, all group members "acknowledged that they exploited others to gain personal power" (p. 84) including being sexually aggressive with adult partners and physically assaulting partners. Bruckner and Johnson (1987) were "surprised" by the "intensity of anger" displayed by their group members:

The anger was manifested in fantasies about acts of retribution, concrete plans for taking such action, and in some cases, actual implementation of plans. The victim's intent was to "get back" at

family members or to prove themselves (p. 84).

In contrast to clinical observations of rage and retribution, and exploitation of others, Singer (1987), based on his group work with 13 male survivors, reported:

While anger and rage have been identified . . . there seems to be a greater tendency for them to internalize their feelings, acting out against themselves, rather than others. This is manifested in feelings of helplessness and kind of behavior which often cause new victimizations in adulthood (p. 470).

Similarly, Mendel (1992) highlighted, contrary to the stereotypic expectation of male anger, that the men in his study:

. . . appeared to have considerable access to feelings of loss, sadness, pain, and vulnerability. In fact, such feelings emerged more prominently in these interviews than did expressions of anger (p. 207).

With regard to sex differences in impact, Crowder (1993) offered her observations about differences between male and female survivors of sexual abuse. Her conclusions were based on the extant research and a questionnaire distributed to therapists who work with male survivors. She suggested that male survivors show a greater reluctance and shame about victimization, have more sexual concerns, use sexuality as a primary component of identity, are more in touch with rage, dissociate more from affective experience, relate abuse experience more cognitively, and are more likely to take action to deal with victimization than female survivors. She stated, "The now common catch-phrase 'men act out; women act in' applies to sexual abuse survivors" (p. 33). Crowder's (1993) conclusions about male survivors stand in contrast to some of the observations made by Mendel

(1992) and Singer (1989). It may be that she chose to highlight those clinical observations by therapists that promoted sex differences rather than present the similarities between male and female survivors. She did note, however, that "the clinicians interviewed for this book were quick to point out that clinical differences between male and female victims of sexual abuse are few compared to the similarities" (p. 32).

Qualitative Studies

Qualitative studies are the least utilized form of inquiry on male survivors. The following review examines two qualitative studies on male survivors and highlights the qualitative methodology utilized and the manner in which gender is taken into account (Etherington, 1995a, 1995b; Lisak, 1994).

Lisak (1994) conducted interviews with 26 male survivors. The participant was invited to tell his "life story." A coding manual was created by a five-member team based on a content analysis of verbatim transcriptions of six interviews. The five-member team was instructed "to identify the common, salient themes which appeared consistently" (p. 529). The themes were compared to themes from interviews with female survivors (Lebowitz, 1990) - identical themes were kept and new themes, unique to men, were added - descriptions and examples of 15 themes comprised the coding manual. Next, two coders, using the coding manual, analyzed the remaining 20 interviews. Reliability of the coding system was based on the percent agreement (Cohen's Kappa) between the author and each coder (.89 and .91).

Participants were students and employees of a university. All participants experienced contact sexual abuse, however, the nature and severity of the abuse was not reported. More than half of the abuse was

intrafamilial, including mothers, a father, siblings, and uncles. About half of the participants were abused by males only. Just under half were abused by females only. Mean age of onset was 7.6 years. Almost all the abuse involved multiple incidents. Family environments were described as disruptive and/or violent. Just under one third of the participants had victimized others (i.e., sexually abused children, raped adult women, battered women, assaulted men).

The fifteen themes identified for coding were anger, betrayal, fear, helplessness, homosexuality issues, isolation and alienation, legitimacy, loss, masculinity issues, negative childhood peer relations, negative schemas about people, negative schemas about the self, problems with sexuality, self blame/guilt, and shame/humiliation. Lisak (1994) did not offer a conceptualization of gender or specify a method of analyzing the qualitative data for gender. Still, two gender-related themes emerged: homosexuality issues and masculinity issues. These are briefly reviewed.

Homosexuality issues included confusion about sexuality and sexual orientation, fear of homosexuality, and hostility toward homosexuals. Homosexuality issues arose primarily for those participants who had been abused by men. Masculinity issues included two responses to sexual victimization - a group of "inadequate" men and a group of "hypermasculine" men. Masculinity issues arose for participants who had been abused by men and/or women. Some participants reported a conflict between feelings of victimization and a need to be a "tough" man. Others, abused by males, felt "that male sexuality, their own now included, is dangerous and bad." Another group compensated for feelings of masculine inadequacy by identifying with the military or victimizing others. Lisak (1994) concluded that one of the most salient findings was the conflict

between the experience of victimization and the culture's definition of masculinity. Moreover, he noted that the male gender stereotype impedes recovery from sexual abuse. Interestingly, he also noted the "common humanity" in male and female survivors' responses:

. . . often the words and expression used by these men to describe their feelings and experiences are identical to those used by women survivors of sexual abuse. Most professionals who have worked with women survivors of sexual abuse would immediately recognize statements such as: "My only value is as a sexual object," or, "I couldn't say no if they wanted sex," or "I'm always afraid," or "I feel like I belong to somebody else." Probably many professionals would be far less likely to recognize those same statements coming from male survivors (p. 546).

A United Kingdom researcher, Etherington (1995a, 1995b) conducted in-depth interviews with 25 male survivors recruited through an advertisement for "adult male survivors of childhood sexual abuse." Etherington (1995a) did not specify the questions nor the structure of the interviews. Although she referred to the study as "qualitative research," she did not report how she analyzed the interview data or how she conceptualized the role of gender in the impact of sexual abuse. The methodological rigor of her study cannot be evaluated. She presented the data according to various tables (e.g., demographics, abuse characteristics), "outcomes," and "first person accounts."

Participants came from a variety of socioeconomic backgrounds. Most were single or divorced, without children. Most were heterosexual. Participants experienced a wide range of abuse, intrusive (e.g., oral and anal penetration) and nonintrusive (e.g., pornography, exhibitionism). About

half of the respondents were abused within the family. About half were abused by males only and about one third were abused by females only. Mean age of onset was around 8.0 years. About half of the men viewed the sexual abuse as negative; others viewed the abuse as positive or neutral. The majority described their home environment as emotionally neglectful; some reported other forms of abuse. Just under one half of the participants had a criminal record, including five who were convicted of sex offenses.

Etherington (1995a) described the "outcomes of abuse" as traumatic sexualization, anti-social behavior, depression and suicide ideation, coping mechanisms, patriarchal socialization, and attitudes to maleness, and family attitudes to sex. The definition of "outcome," however, was not clear. Outcomes seemed to encompass long-term effects (e.g., depression), coping mechanisms (e.g., drug-taking, meditation), family dysfunction (e.g., patriarchal socialization and attitudes to sex). Attitudes to maleness seemed to contain long-term effects unique to male survivors, and therefore, is reviewed.

Etherington (1995a) introduced the outcome of attitudes towards maleness by saying, "It saddened me to hear from so many of the men their negative attitudes to their gender. This was not something I had sought during the interviews but time and again men referred to their gender in derogatory ways" (p. 88). She reported that most of the men had never experienced themselves as "strongly masculine" or as fitting the stereotypical picture of maleness. Interestingly, she documented a wide range of self-descriptions including:

. . . more in line with the feminine; gentle, soft, effeminate, timid, frightened, unmasculine, passive, inward looking, frail, blob-like, didn't fit the normal boy type, mummy's boy, wimp, timid, feminine,

not hard enough for father, I liked the soft things, gentle, sensitive, meek, mild, scared, male with a good streak of the feminine, masculine but not macho (p. 88).

She stated that most of the men perceived the descriptors to be negative self-evaluations of maleness. She provided a few examples of "what being a man meant" to interviewees - for example, "not allowed to show feelings," "facing up to things," and "driving when you are drunk." She did not, however, specify how such meanings were related to the impact of the sexual abuse.

In summary, clinical and qualitative studies provide a more in-depth understanding about the gender-related impact of sexual abuse on male survivors. Instead of a focus on sex differences on measures of symptomatology, clinical and qualitative studies begin to take into consideration issues like masculinity and victimization, gender shame, male gender identity fragility and sexual orientation confusion. The main limitation of both the clinical and qualitative studies is the absence of a conceptualization of gender. The assumption seems to be that since males are the subjects of inquiry, gender has been taken into consideration. Another tendency seems to be the belief that most or all males are "stereotypical" males who report "stereotypical" long-term effects. Other limitations include the failure to separate male survivors who are sex offenders from those who are not sex offenders, and an absence of methodological rigor in the qualitative data analysis (e.g., Etherington, 1995a).

Conclusions

In conclusion, the empirical literature on the initial and long-term effects of childhood sexual abuse shows that males report a wide range and

variety of symptomatology. Generally, males with a history of childhood sexual abuse show more symptomatology than males without a history of childhood sexual abuse. Adult male survivors in clinical settings report mood and anxiety disorders, substance use problems, post-traumatic stress symptoms, problematic eating behaviors, self-injurious behavior, aggressive behaviors, low self-esteem, and relationship difficulties. Such few studies have examined the associations between the abuse characteristics and outcome for male survivors that firm conclusions are prohibited (e.g., Briere et al., 1988; Mendel, 1992). With regard to sex differences in initial and long-term effects between male and female survivors, the findings from quantitative studies are few and weak (e.g., Briere et al., 1988; Dhaliwal et al., 1996; Kendall-Tackett et al., 1993; Stein et al., 1988; Watkins & Bentovim, 1992). Generally, the stereotypic notion that males show more externalizing symptoms and females show more internalizing symptoms has not been well supported.

Clinical and qualitative studies provide more understanding about the impact of sexual abuse on male survivors and begin to take into consideration gender-related issues like the conflict between masculinity and victimization, gender shame, and sexual orientation confusion. Yet, the main limitation of all types of studies (i.e., quantitative, clinical and qualitative) is the absence of a conceptualization of gender. Quantitative studies seem to conceptualize gender as sex differences on measures of symptomatology. Clinical and qualitative studies provide richer information about gender-related issues. Gender, however, is not clearly conceptualized in these studies, either.

Theoretical Models of the Impact of Childhood Sexual Abuse

This section reviews selected theoretical models and conceptual frameworks designed to explain the impact of childhood sexual abuse. In general, theory has lagged behind the documentation of initial and long-term effects and their correlates. Nevertheless, a recent burst of theorizing on the aftermath of childhood sexual abuse and how and why symptoms form has materialized (Alexander, 1992; Briere, 1992b; Cole & Putnam, 1992; Courtois, 1988; Finkelhor & Browne, 1988; Summit, 1983; van der Kolk, 1989). A great deal of variability in terms of explanatory power exists among these theoretical models. In this review, the term, "theoretical model" encompasses conceptual and explanatory models as well as less rigorous descriptive frameworks. Rather than review all theoretical models, only those models that are particularly relevant to understanding the impact of childhood sexual abuse on adult male survivors are considered.

Current theorizing on the impact of childhood sexual abuse must contend with a diversity of empirical findings: a broad range of symptoms, the absence of a single predominant symptom pattern, and the apparent absence of symptoms in many victims (Kendall-Tackett et al., 1993). Many experts in the fields of sexual abuse and trauma are emphasizing the more profound changes in the development of the self and interpersonal functioning rather than symptoms, per se (e.g., Alexander, 1992; Cole & Putnam, 1992; Herman, 1992; Janoff-Bulman, 1992; McCann & Pearlman, 1989, 1992). Still, it has been difficult to pinpoint the relationships between childhood sexual abuse and disturbances in adulthood. The diversity of outcomes in adulthood suggests that there may be many mediating variables that influence outcome. For example, there is evidence to suggest that factors such as the concomitant presence of physical abuse, substance abuse

in the family, and perceived family environment contribute significantly to adult adjustment (e.g., Alexander, 1992; Nash, Hulse, Sexton, Harralson, & Lamber, 1993).

Another factor which is gaining prominence in understanding the diversity of outcomes is "understanding the victim's experience of the abuse" (Conte & Schuerman, 1987, p. 210). More specifically, it would appear that the diversity of outcomes or individual differences can be accounted for, to some extent, by the unique meaning an individual makes out of the sexual abuse experience. It is through the developing self that the child victim and adult survivor come to make sense of the experience of being sexually abused. Thus, theoretical models incorporating a meaning-making perspective are particularly noteworthy and appear to be especially amenable to incorporating a gender analysis (Herman, 1992; Janoff-Bulman, 1992; McCann & Pearlman, 1989, 1992).

Most theoretical models of the impact of childhood sexual abuse have been conceived with respect to female victims and survivors. It is not clear to what extent the aftermath of childhood sexual abuse as explained by these models applies to male survivors. An inspection of the recent theories shows that little, if any, consideration is given to gender. Some theories conceptualize incest as "having a gender" (i.e., female) (Butler, 1985, p. 128 quoted in Courtois, 1988; Herman, 1981) while other theories appear to be gender-neutral. Certainly, as indicated by the clinical literature on the impact of sexual abuse on males, it is reasonable to believe that some sequelae are unique to the experience of adult male survivors.

This review of theoretical models of the impact of childhood sexual abuse is divided into two sections. First, three conceptual frameworks for explaining the impact of childhood sexual abuse on males are critically

reviewed. Second, other theoretical models are reviewed with respect to the way in which they could incorporate a gender analysis.

Theoretical Models Based on Male Victimization

Three theoretical models based on male sexual victimization have recently emerged (Bolton et al., 1989; Lisak, 1995; Sepler, 1990). Importantly these theoretical models challenge the notion of the "feminization of victimization" and draw attention to alternative responses to sexual victimization (Sepler, 1990). The feminization of victimization means that victimization, its symptoms, and the community's response to victimization have been largely defined from a female point-of-view. Generally, these models broaden the notion of victimization by stressing the relevance of traditional male socialization in shaping a unique male response to sexual victimization.

Sepler (1990), within the context of victim advocacy for adolescent male victims of sexual abuse, argued that the prevalent definition of victimization (and the community's response to victimization) "rapidly breaks down" when juvenile male offenders disclose prior sexual victimization. The young male offender remains identified as an offender and his own sexual victimization is discounted. Furthermore, she argues that the community is unable to recognize alternative reactions to victimization (e.g., aggression rather than passivity).

Sepler (1990) suggested that male victims accommodate to the sexual abuse experience in a way that is different from female accommodation. Since male socialization emphasizes mastery of self and others, boys are more likely to view themselves as consensual partners, and even aggressors in the sexual abuse experience. So, aggression, antisocial behavior, and victimizing others are predictable responses to victimization (see also

Summit, 1983). Moreover, community responses that attempt to validate a male victim's experience by addressing blamelessness and powerlessness are likely to be met with disbelief and subsequent alienation by the male victim. Empathic responses such as "being hurt," "having something taken away," "feeling powerless" may not make sense to the male victim who has accommodated to the sexual abuse by adopting an offensive stance. Instead, the male victim may find it easier to view himself as exploitive, powerful, and controlling:

The reality is that young male victims . . . experience the victimization from an entirely different self-view and worldview than do female victims. . . . early socialization and cultural rites of passage . . . clearly create different means of cognition, perception, behavior, and sexuality. Issues of violence and control may be central, but the core of the crisis precipitated by the victimization most likely is entirely distinct from a similar victimization experienced by a female (Sepler, 1990, p. 76).

Bolton and his colleagues (1989) took a somewhat broader perspective on both the male response to victimization and the definition of sexual abuse. Their "abuse of sexuality" model is an attempt to direct attention to the "equally or more damaging effects of more subtle sexual interactions" (p. 9). They advised assessment of the childhood developmental environment for potential sexual misuse and abuse. They proposed a continuum of environments ranging from the ideal or predominantly nurturing (nonabuse of sexuality), to evasive, permissive, negative, or seductive (misuse of sexuality) to the overtly sexual (sexual abuse). So far, the model seems to apply equally well to either males or females in its focus on a continuum of developmental environments and its expanded definition of

sexual victimization.

In taking gender into account, Bolton and his colleagues (1989) suggested that "normal" male sexual socialization is restrictive and harmful, in itself. Essentially, the typical sexual socialization of males creates a "compulsive male sexuality," whereby,

Males are believed to have a greater sexual drive, to masturbate more, to be more knowledgeable about and experienced with sex, to be more sexually active at a younger age, and to be the initiator of sexual contact. A "real man" is a frequent sexual interactor who is also seen as being continuously willing and able to engage in sexual interaction. (p. 14).

This compulsive male sexuality is seen to be part of the core definition of self for males. Any deviation from this pattern is viewed as problematic and may have pervasive implications not only for the male's sexual sense of self, but for his whole sense of self. From this perspective, unacceptable or deviant male sexual behavior includes: being sexually impotent or uninterested, playing a submissiveness or even equal role in sexual interactions, having homosexual experiences, refusing to be sexually aggressive, requesting protection from sexual activity, and being sexually victimized.

Finally, Lisak (1995) offered an integration of gender in the understanding of the impact of childhood sexual abuse on male survivors. He proposed that a fundamental conflict arises for the male survivor - the opposing tension between the psychological legacy of masculine socialization and the psychological legacy of childhood sexual abuse. On the one hand, the psychological legacy of masculine socialization demands independence, control, strength, power, success, and separation from

emotions. On the other hand, the psychological legacy of childhood sexual abuse creates vulnerability, helplessness, powerlessness, failure, and overwhelming affect.

Confronted with this psychological dilemma, Lisak (1995) hypothesized that male survivors have three choices - to adopt, reject, or struggle with the tenets of traditional masculinity. In adopting a traditional masculine stance, the male survivor may behave in a "hypermasculine" manner (e.g., interpersonal aggressiveness, homophobic) masking an internal experience of vulnerability. In rejecting traditional masculinity, the male survivor assumes a passive stance, giving up claims to agentic strivings. In struggling with masculinity, the male survivor acknowledges the psychological dilemma and alternates between adopting and rejecting various prescriptions of traditional masculinity. Also, he posited that if one's gender identity, or sense of masculinity, has been damaged, the ramifications extend to one's core self, as a person. Although the model presents the psychological conflict as central to the male survivor's experience, Lisak (1995) acknowledged that not all of the long-term effects of childhood sexual abuse can be attributed to this central dilemma.

These models raise important issues and alternatives in understanding the victimization of males. Yet, they reveal a similar limitation in explaining the impact of childhood sexual abuse on adult male survivors - the untested assumption that most or all male survivors necessarily value and/or display the tenets of traditional male socialization to the same extent. In these models, gender seems to be conceptualized as the "natural" outcome of gender socialization such that all or most male survivors adhere to traditional masculinity - which, in turn, presumably creates distinctly unique means of experiencing, thinking, feeling, and

behaving in the male's response to sexual victimization. Such a stance risks prematurely defining what it means to be a man and a victim to the male survivor. Also, locating theories of male victimization as separate from theorizing on trauma and childhood sexual abuse, risks overlooking the similarities among victims, regardless of gender, in response to trauma.

Other Theoretical Models

Most recently, theories on the impact of traumatic events have emphasized meaning-making as one of the pivotal psychological processes in the trauma response (e.g., Epstein, 1991; Herman, 1992; Horowitz, 1979; Janoff-Bulman, 1992; McCann & Pearlman, 1989, 1992). In response to a traumatic event, an individual's structures of meaning, or ways of making sense of the self, relationships, and the world, are challenged, destabilized, or validated. From this perspective, it is argued that recovery from trauma necessitates understanding, working through and reconstructing the meanings a traumatic event holds for the traumatized person. Theories and research on the trauma of sexual victimization have, similarly, begun to acknowledge the importance of considering the survivor's meanings when assessing the impact of sexual trauma (e.g., Briere, 1992a; Conte & Schuerman, 1987; McCann & Pearlman, 1989, 1992). Finkelhor and Browne (1988) have developed one of the most well-known conceptualizations of the impact of childhood sexual abuse. Their model consists of four traumagenic dynamics: traumatic sexualization, betrayal, stigmatization, and powerlessness. Each traumagenic dynamic is hypothesized to be linked to specific outcomes.

Some researchers have used this theoretical model when addressing the impact of sexual abuse on adult male survivors (Bolton et al., 1989; Mendel, 1992). These studies have reported evidence that, sometimes, the

meaning of each of the four traumagenic dynamics was unique for adult male survivors because of the different socialization process that males undergo. For example, Mendel (1992) identified issues of particular salience for adult male survivors - masculinity and victimization, shame and gender-shame, and identification and fear of perpetrating - and suggested that the traumagenic dynamics of stigmatization and powerlessness seemed to capture these unique meanings given to the sexual abuse experience by adult male survivors.

The Constructivist Self Development Theory (CSDT) offers a comprehensive conceptualization of the process of psychological adaptation to severe trauma and privileges the role of meaning-making in response to trauma, including childhood sexual abuse (McCann & Pearlman, 1989, 1992). The focus of the model is on the development of various aspects of the self in accommodating and assimilating the traumatic experience. There are four basic tenets of the CSDT. First, the theory is interactive in that it takes into account the complexity of the interaction between the person, the situation, and the larger sociocultural context. The self is interpersonal in nature in that it emerges out of experiences in interpersonal relationships (Kiesler, 1983; Stern, 1985). Moreover, the theory emphasizes the influence of the cultural and social context of self development (e.g., gender socialization). Second, the constructivist aspect of the theory holds that people not only actively create their personal realities but are, at the same time, influenced by these realities. Third, the self encompasses various aspects of the individual's inner psychological experience. As well, the self is not a unitary, monolithic, or static structure, but rather is a multifaceted and dynamic hypothetical construct (e.g., Markus & Wurf, 1987). As such, the normal development of selves occurs continuously throughout the

lifespan. Fourth, in the context of sexual abuse, the self continuously develops over the lifespan via mechanisms such as internalization, accommodation, and assimilation (McCann & Pearlman, 1989, 1992).

As will become apparent in the next section on gender theorizing, McCann and Pearlman's (1989, 1992) Constructivist Self Development Theory is especially amenable to the incorporation of a gender analysis. First, it takes into account the sociocultural context as influential in the individual's experience of, and adaptation to trauma. For example, it can take into consideration the potential influence of traditional male socialization practices which have been heavily emphasized by theories on male victimization. Second, the CSDT allows the individual to be active in creating his personal realities, even as he is influenced by external or social forces, such as traditional male socialization practices. In other words, rather than assuming that all males value, adhere to, or display the lessons of traditional male socialization, CSDT privileges the individual male survivor's personal meanings as related to his experience of gender socialization. Too, gendered meanings about the self and others can change over time. As put by McCann and Pearlman (1992), ". . . it is important to understand how the person experiences his or her gender socialization and the meanings this has for the context for the victimization" (p. 118).

Conclusions

In summary, current theorizing on the impact of trauma, including childhood sexual abuse, has highlighted the importance of taking into consideration individual meaning-making as part of the response to trauma. Theories on male victimization have contributed to the understanding of the male response to sexual abuse. Yet, these theories have been limited by the assumption that all or most male survivors

internalize the lessons of traditional male socialization to the same degree. Finally, the Constructivist Self Development Theory appears amenable to incorporating the two issues which have been emphasized in this review of the theoretical models of the impact of childhood sexual abuse - the central place of meaning-making as a response to trauma and the importance of a conceptualization of gender that allows for a full range of individual meaning-making.

Conceptualizations of Gender

This section draws upon current theorizing on gender to contribute to a conceptualization of gender in the impact of childhood sexual abuse on male survivors. In particular, a critique of psychology's traditional construction of gender poses an alternative way of thinking about gender (Crawford, 1989; Hare-Mustin & Maracek, 1990a; Morawski, 1985; Unger, 1989, 1990).

A Critique of Psychology's Construction of Gender

Traditionally, psychology's (and other social sciences) study of gender has been organized around difference - sex differences - on numerous variables in the realms of cognition, social behavior, and personality (e.g., Eagley, 1987, 1995; Hyde & Plant, 1995). Feminist psychologists, too, have promulgated gender differences in moral reasoning (Gilligan, 1982), thinking (Belenky, Clinchy, Goldberger, & Tarule, 1986), and connection (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991). Often, differences are seen as essential, as rooted in biology (e.g., Buss, 1995; Kenrick & Trost, 1993). Psychoanalytic (e.g., Chodorow, 1978; Fast, 1993; Freud, 1989), cognitive (e.g., Bem, 1981; Cross & Markus, 1993) social learning (e.g., Eagley, 1987; Lott & Maluso, 1993) and feminist (e.g., Miller, 1986) theories have proposed other

mechanisms for understanding the so-called differences between the sexes. Traditional psychology's study of sex or gender differences is located within a positivistic paradigm whereby gender is viewed as an essential, unitary, and stable attribute of persons which can be objectively observed and understood to operate by particular universal laws (Mareck, 1995; Morawski, 1985).

Recently, intellectual and political movements such as social constructivism (Gergen, 1985) and feminism have challenged a positivist conceptualization of gender (Crawford, 1989; Hare-Mustin & Marecek, 1990a, 1990b; Marecek, 1995; Morawski, 1985; Unger, 1989, 1990). These scholars have argued that dividing human characteristics along gender lines and viewing gender as an inherent trait hides complexity, misrepresents lived experience, and maintains the status quo, namely, inequality between the sexes. Instead, these authors have proposed that "the real nature of male and female cannot be determined" and instead, our efforts should be focused on "representations of gender rather than gender itself" (Hare-Mustin & Marecek, 1990a, p. 29). In other words, gender is constructed or created by individuals, families, cultures, institutions, and researchers. As such, gender can have multiple, contradictory, local, interpersonal, historical, and changing and negotiated meanings. A constructivist paradigm offers new ways of conceptualizing and researching gender - for example, as meanings constructed by the individual of self and other (e.g., Pennell & Ogilvie, 1995), or as discursively practiced in relationships (e.g., Egger, 1994).

Cultural and Personal Constructions of Gender

Thinking about gender as a sociocultural category, individuals as meaning-makers, and distinguishing between personal and cultural constructions offers a new way of conceptualizing gender (e.g., Chodorow,

1995; Herek, 1987). In the present study, a cultural construction of gender is defined as the culture's prevailing views or ideology about gender, mainly as suggested by gender stereotypes. A personal construction of gender is defined as the individual's personal meaning of gender including the extent to which the individual accepts, rejects, or modifies the cultural construction of gender when defining himself or herself. This section reviews gender theory and research which shows that the distinction between cultural and individual constructions is relevant for understanding the impact of childhood sexual abuse on male survivors.

The culture's construction of traditional masculinity is similar to the notions of "masculinity ideology" (Thompson & Pleck, 1995) and "hegemonic masculinity" (Ramazanoglu, 1989, 1992). Hegemonic masculinity is the dominant or the "culturally exalted form of masculinity" (Carrigan, Connell & Lee, 1987, p. 82). Traditional masculinity ideology consists of the dominant culture's attitudes towards men and male roles; in other words, how most people think about men or masculinity, not how men actually are, or experience their gender (Thompson & Pleck, 1995). The common gender stereotype for males can be described with words such as aggressive, ambitious, decisive, independent, rational, strong, and unemotional. Psychological research has used bipartite concepts to portray male and female including instrumental/expressive (e.g., Bem, 1981; Block, 1984; Lewin, 1984), agency/communion (Bakan, 1966; Wiggins, 1991), justice/care orientation (Gilligan, 1982), self-in-separation/self-in-connection (Cross & Madson, 1997; Markus & Oyserman, 1989). The cultural construction of traditional masculinity also eschews that which is culturally constructed as feminine, or as in David and Brannon's (1976) words, "no sissy stuff" allowed. Zilbergeld (1992) explicitly identified the "myths" of

traditional male sexuality including "a real man isn't into sissy stuff like feelings and communicating," "all touching is sexual or should lead to sex," "a man is always interested in and always ready for sex," "a real man performs in sex," and "sex is centered on a hard penis and what's done with it." Table 2 details other efforts at describing the content of the cultural construction of traditional masculinity.

The idea of personal constructions of masculinity is embedded in the concepts of "masculinity ideologies" or "multiple masculinities" (Carrigan et al., 1987; Ramazanoglu, 1989, 1992; Thompson & Pleck, 1995). The notion of multiple masculinities recognizes the diversity of men's lived experience. Ideals of masculinity may differ according to class, race, ethnic, religious, sexual orientation, ablebodiness, and age. Moreover, it seems plausible that the extent to which an individual endorses and/or displays a particular masculinity ideology, whether it be dominant or marginalized, can vary. Consequently, there are multiple and complex contradictions in the lived experience of men (Ramazanoglu, 1989, 1992). The recognition of a personal construction of masculinity allows for the individual's meaning of masculinity to co-exist within the culture's dominant construction of masculinity.

Empirical evidence from both the positivist and constructivist paradigms supports the distinction between personal and cultural constructions of gender. Although studies have found that people describe males and females according to gender stereotypes, existing research has not adequately confirmed that gender stereotypes are pervasive (Ashmore, Del Boca & Wohlers, 1986). Rather, evidence exists for gender stereotypes as multilevel, multicomponential concepts with numerous subcategories loosely associated with the general categories of male and female (e.g., Eckes,

Table 2. The Cultural Construction of Traditional Masculinity.

Meth, R.L. & Pasick, R.S. (1990). The Road to Masculinity.

1. Having power, exercising control over others, and being a leader.
2. Having strength, toughness, and stamina, and able to endure bodily stress.
3. Logical and analytical in thought, and intellectually competent.
4. High achievement and ambition to be successful in their work.

Compton, B.R., & Galaway, B. (1989). Traditional Masculinity.

1. Rather than admitting that he needs anything from anyone, he often leads a life of exaggerated independence.
2. He won't express his fears nor will he even allow himself to experience them.
3. He doesn't disclose himself to others because he's afraid that he'll be regarded as unmasculine, especially if his inner core is seen.
4. He will not make himself vulnerable and will keep his emotions to himself.
5. He hides from failure and tries to put on the facade of the successful man.
6. He denies "feminine" qualities, such as expressing warmth and tenderness.

Compton, B.R., & Galaway, B. (1989). What Traditional Parents Tell Boys.

1. "Be strong!"
 2. "Don't be helpful; someone might get an edge on you."
 3. "Argue, swear, show tension; it will keep the other guy on guard."
 4. "Be competitive, even combative; nice guys never win."
 5. "Take care of yourself; don't think the other guy is going to take care of you?"
 6. "Figure out what you want and go after it."
-

1994; Edwards, 1992; England, 1992). In addition, people show a great deal of variability (i.e., between-gender and within-gender) in the extent to which they embrace traditional gender stereotypes, process gender-related information, and apply stereotypes to interactions (e.g., Bem, 1981; Lindsey & Zakahi, 1996; Ruble & Stangor, 1986). The extent to which an individual exhibits an agentic (i.e., masculine) or communal (i.e., feminine) orientation can be influenced to significant extent by proximal and contextual characteristics (Stewart & Malley, 1987). The notion of "doing gender" is one of viewing the display of gender-related behavior as a function of the interaction among the self, the target, and the situation (Deux & Major, 1987; West & Zimmerman, 1987).

A separate question is whether an individual's gender stereotypes relate to self-perceptions (e.g., Pennell & Ogilvie, 1995; Spence & Sawin, 1985). For example, Pennell and Ogilvie (1995) found that college students use gender stereotypes differently in perceiving self and others. Generally, they found that participants perceive others more stereotypically than they perceive themselves (Pennell & Ogilvie, 1995). When asked to describe themselves, both college men and women chose positive instrumental and expressive features. Other research on gender identity has demonstrated that persons often possess both so-called masculine and feminine characteristics and show varying patterns of masculine and feminine attributes across different areas of their personality; only moderate correlations exist among gender-related variables (Koestner & Aube, 1995). In a review of the conceptual issues facing gender researchers, Koestner and Aube (1995) posited that the traditional view of conceptualizing masculinity and femininity as two general opposing personality traits to capture the gendered self and gendered actions is simplistic. Instead, they argue for a

multifactorial construct in which multiple constructs (e.g., dispositional traits, attitudes, personal interests, role behaviors, personal values) are loosely connected and endorsed to varying extents. Moreover, they even advise gender researchers to move beyond the multifactorial model to an approach to gender that is "narrative" or constructivist:

It would seem to be time for gender researchers . . . to begin to consider the way in which people work gender considerations into the narrative construction of a life story that gives unique meaning to their life. Ashmore (1990, p. 512) seems to call for exactly such an approach when he defines gender identity as a dynamic process by which "the individual takes the social construction of gender and the biological facts of sex and incorporates these into a multifaceted personality identity structure." He stresses that individuals do not passively absorb and internalize gender-relevant information from their interpersonal and cultural surroundings. Instead, each person works to fashion his or her gender identity by choosing among multiple and often conflicting definitions of gender available in the media and personified in their everyday interactions. Gender identity, in Ashmore's view, derives from actively doing, choosing, and creating, not from listening, seeing, and following. To capture the active, creative aspects of gender identity it will be necessary for researchers to move far beyond the assessment of only socially desirable masculine and feminine traits. (p. 705)

Within the new psychology of men research, more evidence supports the importance of distinguishing between personal and cultural constructions of masculinity (e.g., Bergman, 1995; Levant, 1995, 1996; Levant & Pollack, 1995; Pleck, 1995; Pollack, 1995). Pleck's (1995) gender role strain

paradigm proposed that "discrepancy-strain" results when men experience a failure to live up to their own internalized male ideal, which, most often, is presumed to be the culture's construction of traditional masculinity.

However, research which has assessed and contrasted respondents' descriptions of the ideal male with descriptions of themselves on adjective checklists has not confirmed this hypothesis. Pleck (1995) highlighted the importance of assessing individual meaning and, moreover, clearly linking so-called gender characteristics to individual meaning. He offered a number of explanations and recommendations for future research:

. . . take into account the degree to which gender role norms are actually psychologically salient or important to the individual
take into account the possibility that not fitting masculinity standards can have positive as well as negative consequences . . . are these adjectives really meaningful to respondents as dimensions through which they categorize themselves or perceive gender role expectations? Knowing what level of "aggressiveness" a respondent checks off for the "ideal man" does not tell us how strongly - or even whether - he links this characteristic to masculinity in a deeper sense.
(p. 14)

Research on the impact of childhood sexual abuse on male survivors has reflected, for the most part, a positivist (i.e., sex difference) conceptualization of gender. To recap, research on the impact of childhood sexual abuse on male survivors has focused on demonstrating sex differences on various measures of symptomatology, has emphasized "stereotypical" or expected male responses (i.e., victim-offender cycle, absence of vulnerable emotionality), and has suggested that most male survivors experience a dissonance between victimization and the traditional

male stereotype (e.g., Dhaliwal et al., 1996; Lisak, 1994, 1995). Theories, too, on male sexual victimization have argued that the internalization of traditional male socialization creates a different response from male survivors as compared to the response of female survivors (Bolton et al., 1989; Lisak, 1995; Sepler, 1990). Evidence that parents (and others) engage in traditional gender socialization practices exists (e.g., Fagot, Leinbach & O'Boyle, 1992); moreover, some have argued that gender socialization may be particularly rigid and unforgiving for boys (e.g., Hartley, 1974; McQuire, 1988). Still, as Hare-Mustin and Marecek (1990a) have countered, the concept of gender role socialization is problematic because it assumes homogeneity of experience and obscures diversity, assumes all men are subjected to the same socialization process and respond to the process in the same way, and, privileges differences over commonalities.

Interestingly, one final line of evidence to support an alternative conceptualization of gender comes from the researchers, themselves. If one accepts that research participants construct meanings of gender, then so do researchers. Could it be that some researchers are conducting their research based on their own personal constructions of gender - perhaps personal constructions that privilege sex differences and assume stereotypes are lived experience? An interesting study supports this possibility. Egger (1994) conducted a study in which she conceptualized gender (from within social constructionist and poststructuralist paradigms) as discursively produced by therapists and their clients. Using a qualitative method known as discourse analysis, she analyzed audiotaped therapy sessions and discovered that therapists' language or talk was clearly dominated by a "gender differences discourse" (p. 163). In other words, therapists tended to "position," through the talk or language of the therapy session, their female and male clients

according to so-called gender issues of relationship and self, respectively. Clients, too, positioned themselves along gender-congruent lines, but frequently, they tried to position themselves in gender-inconsistent ways. Moreover, Egger (1994) found that female therapists were more likely to accept client's gender-incongruent positionings whereas male therapists tended to avoid violating gender-incongruent positioning by their clients. In her words,

Men therapists tended to position their men clients as self oriented, powerful, instrumental and autonomous and their women clients as dependent and relationship oriented. They also tended to refuse their client's attempts to position themselves in "cross" gender positions and to be more accepting of "appropriate" gender positionings. (p. 160)

There is some suggestion in the literature on the impact of childhood sexual abuse on male survivors that some researchers may have inadvertently "positioned" male survivors in "gender-consistent" ways. For example, Sepler's (1990) description of the young male victim of sexual abuse,

The male victim, if he is to be dealt with in archetypal form, looks nothing like the sympathetic, traumatized, and vulnerable victim that the public recognizes but may instead appear aggressive, violent, masterful, commanding, and threatening. These postures are the socially determined means for males to accommodate victimization . . . " (p. 79)

and Johanek's (1989) observations of male victims of childhood sexual abuse illustrate this possibility:

Unlike female victims who tend to display more affect, however, the male victim's outpouring of details is almost devoid of an

accompanying display of associated emotions. The story unfolds in a robotlike monotone, with the victim's eyes fixed on the floor.

Initially, even when asked, the man rarely is able to describe how he felt at the time of the abuse. . . Most of the men with whom we deal have learned to avoid experiencing and displaying emotions at all costs (p. 112).

More recent research on male survivors, however, has shown more diversity in male survivors' responses to sexual abuse. As previously stated in the literature review, Singer (1989) reported that his male survivors in group therapy showed "internalization" of feelings and reported "victimization in adulthood." Mendel (1992) found that the male survivors in his study had "considerable access to feelings of loss, sadness, pain, and vulnerability." Thus, it is not clear to what extent previous research (and researchers) have been biased or constrained because of gender stereotypes.

As has been demonstrated, a constructivist or meaning-making perspective challenges researchers who study gender, at numerous levels, including the researcher's own point-of-view or construction. In conclusion, evidence from within both positivist and constructivist paradigms, together, magnify the relevance of distinguishing between personal and cultural constructions of gender in researching the role of gender in the impact of childhood sexual abuse on male survivors.

Conclusions

Psychology's positivist construction of gender as sex difference has been challenged by feminist and constructivist paradigms. Alternative ways of thinking about gender as meaning or as discursively produced, offer theoretical assistance in understanding the complexities of gender and addressing the limitations of previous research. Interestingly, current

theorizing on gender as a complex and contradictory meaning-making system seems to converge with a similar trend in theorizing on trauma that views individual meaning as a central psychological process in adapting to trauma. Thus, it seems timely to integrate an alternative way of conceptualizing gender to contribute to understanding the impact of childhood sexual abuse on male survivors. The next chapter describes the question and methodology of the present study.

THE PRESENT STUDY

The present study sought to examine the role of gender in the impact of sexual abuse. The study involved in-depth interviews with six adult male survivors. The question posed was whether and how male survivors' personal constructions of masculinity influenced their understanding of the impact of sexual abuse on their lives. This section presents an overview of the study and the rationale for the methodology.

The Need for More Research with Male Survivors

As discussed in the literature review, psychological research on male survivors has been scant due to the societal myth that males cannot be victims of sexual abuse, the under-reporting of the sexual abuse by males, and the mistaken notions that if males are sexually abused the impact is benign, positive, and if negative, less adverse as compared to the impact on females (Dimock, 1988; Mendel, 1992; Nasjleti, 1980; Porter, 1986). The evidence, however, challenges such beliefs. For example, the gap between the rates of childhood sexual abuse of girls and boys continues to narrow; three in four victims of sexual abuse are girls and one in four are boys (Badgely, 1984). That 25% of victims of sexual abuse are boys belies the belief that boys are not victims. As well, researchers have found that the long-term effects for male survivors are as diverse in type and severity as the long-term effects reported by female survivors. Long-term effects include: self-concept problems, low self-esteem, problems with sexuality, relationship

problems, eating problems, substance abuse, depression, anxiety, marital problems, and self-injurious behaviors, to name a few (e.g., Dhaliwal, 1996; Mendel, 1992; Urquiza, 1988). Although informative, this research has been characterized by various limitations including the meager number of studies, a failure to distinguish between diverse samples (e.g., male survivors, college populations, sex offenders), and an over-reliance on clinical experience and a concomitant lack of methodological rigor. Clearly, more research is needed to increase the number of studies on male survivors and to begin to replicate existing findings on the long-term effects.

An Alternative Conceptualization of Gender

Most theoretical models on the impact of sexual abuse have been conceived with respect to females. It is not clear to what extent these models are appropriate for males. The few existing theoretical models which have considered male survivors are limited because of a restrictive conceptualization of gender which seems to assume most or all male survivors have internalized the tenets of traditional masculinity to the same degree (Bolton et al., 1989; Lisak, 1995; Sepler, 1990). This theoretical limitation becomes problematic in clinical intervention with male survivors because it tends to confine and restrict views of male survivors and therapeutic interventions.

Empirical work on the role of gender in the impact of childhood sexual abuse on adult male survivors has focused on sex differences between males and females on measures of symptomatology, stereotypically masculine ways of accommodating to the trauma, and a perceived dissonance between victimization and the gender stereotype of masculinity (e.g., Dhaliwal et. al., 1996; Mendel, 1992). Once again, a sex difference

approach within a positivist research paradigm reflects the assumption that all or most male survivors value, adhere to, or display characteristics of traditional masculinity.

In the present study, gender was conceptualized as the individual male survivor's personal construction, or meaning, of masculinity, within the culture's construction of traditional masculinity. According to the literature review, in making sense of trauma, individuals draw upon numerous sources including the traumatic experience, family history, other major life events, and the larger sociocultural context (McCann & Pearlman, 1989, 1992). Gender can be viewed as one of many possible mediating mechanisms or intervening variables that may contribute to variations in the impact of sexual abuse. Individuals hold personal constructions (meanings) of gender in the context of the cultural construction of traditional masculinity which is demarcated by agentic, aggressive, competitive, and individualistic strivings, and the renunciation of the characteristics of the cultural construction of traditional femininity such as expressive and relationship strivings.

As mentioned in the literature review, although prevailing cultural views about gender imply that men and women embody and display their respective male and female gender stereotypes, the evidence has not unequivocally substantiated this belief (e.g., Ashmore et al., 1986; Koestner & Aube, 1995). The present study recognizes that not all male survivors necessarily value, adhere to, or display all, most, or even some of the stereotypic characteristics associated with the cultural construction of traditional masculinity. By taking into account the individual male survivor's *personal meaning or construction of masculinity*, the role of gender in the impact of childhood sexual abuse may be more clearly

understood. An empirically-grounded understanding of how gender may influence the impact of sexual abuse on male survivors is needed. No research on male survivors, quantitative or qualitative, has specifically defined and conceptualized gender. The present study sought to redress the neglect and limitations of previous research by carefully conceptualizing gender and by asking male survivors to describe the impact of the sexual abuse on their lives.

The Suitability of a Qualitative Research Methodology

A qualitative methodology was chosen for many reasons. Most importantly, a qualitative approach permits the participants to speak directly about the effects of the sexual abuse, the role of gender, and the links between impact and gender. As a hypothetical example, a male survivor could say that the message that "big boys don't cry" prevented him from expressing his feelings of fear or distress about the sexual abuse. In contrast, a quantitative approach (e.g., the correlation between a measure of long-term effects and a measure of gender) would be somewhat restrictive in teasing out the meaning of the associations between gender and the effects. Too, an interview format might mitigate the tendency of people to present socially desirable gender beliefs and attitudes (Geis, 1993).

Second, a qualitative approach which grounds its findings in the participants' understandings or constructions allows for diversity in how male survivors view themselves, and are viewed by others, in relation to the traditional stereotype of masculinity. Diversity in men's experiences has been neglected in psychological research. Although much psychological theory and research has been criticized for pertaining only to men, the criticism has been countered with the charge that research has seldom

considered men as "gendered" persons. As stated by Kimmel (1987), " . . . rarely, if ever, do we study men as men; rarely do we make masculinity the object of inquiry as we examine men's lives" (p. 11). Only recently has the diversity of the gendered aspects of men's lives been considered in research (e.g., Good, Borst & Wallace, 1994) and theories on male psychological development (e.g., Bergmen, 1995).

Third, many of the most widely recognized sources on male survivors (Crowder, 1993; Hunter, 1990; Lew, 1990; Mendel, 1992), while rich in descriptions of the experiences of male survivors and the clinicians who work with them, seem to have been based more on clinical experience than empirical investigation. Sweeping conclusions reveal the possibility that the researchers may have imposed an artificial dichotomization (along gender lines) upon male survivors (e.g., Johanek, 1989; Sepler, 1990). Egger (1994) documented a somewhat similar situation when she analyzed therapist-client interchanges and found that therapists tended to consistently construct their male clients as "angry, aggressive, controlling, powerful, competitive, instrumental, [and] achievement oriented" (p. 41).

Fourth, recent theorizing in the areas of sexual abuse and gender converge to highlight that individuals actively construct and create personal meanings in matters such as traumatic experiences and gender issues. The study of the impact of sexual abuse has posited that meaning-making is central to understanding the impact of abuse if the diversity of symptomatology is to be understood (Briere, 1989; Conte & Schuerman, 1987; Herman, 1992; Janoff-Bulman, 1992; McCann & Pearlman, 1991). For example, these theorists have posited that internal representations, schemas, or assumptions about self, others, and the world can be shattered, confirmed, altered, challenged, or activated by the experience of trauma. Thus, taking

into consideration the importance of individual meaning in sexual abuse and gender, a qualitative approach lends itself to assessing meaning because it has "a direct concern with experience as it is 'lived' or 'felt' or 'undergone' . . . [and] has the aim of understanding experience as nearly as possible as its participants feel it or live it" (Sherman and Webb, 1988, cited in Ely, 1991, p. 4-5).

Underlying Assumptions of the Research Methodology

The present study was conducted from within a constructivist paradigm of knowledge as put forth by Guba and Lincoln (1994). Since the paradigm of knowledge guides the choice of a qualitative research methodology, a closer examination of the assumptions of the constructivist paradigm is warranted. First, constructivism views the nature of reality to be relativist, but not antirealist (Guba & Lincoln, 1994; Schwandt, 1994). In other words, multiple realities or constructions exist depending upon the particular individual (or group or institution) in a particular time, place, and situation. At the same time, constructions can be widely known and agreed upon by groups of individuals. An example would be the cultural construction of traditional masculinity. Second, the researcher and the participant are inextricably linked in that each contributes to the findings of the investigation (Guba & Lincoln, 1994). Third, the aim of an inquiry is for the researcher to offer a "consensual construction" or "reconstruction" based on interpretation, questioning, and refinement of the varying and individual constructions of the participants of the investigation (Guba & Lincoln, 1994; Lincoln & Guba, 1985). A constructivist paradigm of knowledge is particularly suited to the question posed by the present study because the paradigm accommodates the meaning-making component of recent theorizing in the areas of sexual abuse and gender. In addition, it

allows for the interplay between a collective or shared construction and the individual construction which may incorporate the collective construction.

Other qualitative methods and knowledge paradigms were less appropriate for addressing the concerns and questions of the present study. Grounded theory emphasizes the generation of theory, and is representative of a postpositivist paradigm of inquiry which posits that reality is apprehendable, even if imperfectly (Glaser & Strauss, 1967; Strauss & Corbin, 1990). In contrast, the present study was concerned with the generation of propositions (versus theory) and acknowledged multiple, yet shared realities. Phenomenology, in the purest sense of the term, is concerned with description of the essence of an experience for persons, and in doing so, stays close to the participant's words with little interpretation or abstraction (Giorgi, 1985). In contrast, the present study is not concerned with the essence of an experience, nor in staying at a purely descriptive level. Discourse analysis arises out of a poststructuralist paradigm which is concerned with analysis of patriarchal structures and social/power relations, and examines how language or the "dynamics of conversation" reflect those structures (Rogers, 1996; Smith, Harre, & Van Langenhove, 1995). In contrast, the present study assumed that people's talk reflects more than attempts to "position" self or others. The participants' reflections on the impact of the abuse were viewed as "transparent indicators" which "point to some aspect of psychological experience" (Rogers, 1996). If the question of the present study had been different, for example, asking how male survivors position themselves in therapy, or in intimate relationships, discourse analysis would have been an appropriate choice for the method of analysis.

Overview of the Present Study

The present study involved interviews with six male survivors of childhood sexual abuse. The initial interview was unstructured and in-depth, guided by one main question which asked the male survivor how he had been affected by the sexual abuse he experienced as a child. The question was open-ended and designed to minimize influencing the participant's understanding and to allow the participant to speak about the salient aspects of his experience as he prioritizes them, including the relevance of gender. If, towards the end of the interview, the participant had not explicitly referred to gender, the issue of gender was raised by the investigator. The participant was also asked to complete a questionnaire on demographics and information about the childhood sexual abuse he had experienced (e.g., age of onset, relationship to the offender).

The data consisted of the verbatim transcriptions of the interviews. The process of data analysis was based on methods associated with the constructivist paradigm (Lincoln & Guba, 1985; Patton, 1990). As stated by Lincoln and Guba (1985), "Data are, so to speak, the *constructions* offered by or in the sources; data analysis leads to a *reconstruction* of those constructions" (p. 332). Thus, a constructivist data analysis is characterized by its inductive (i.e., grounded in the data), generative (i.e., discovery process), and hermeneutic (i.e., interpretive) aspects (Denzin, 1994; Guba & Lincoln, 1989; Lincoln & Guba, 1985).

In general, the data analysis involved breaking down the data into conceptual categories, reassembling the data into conceptually-related categories and themes, and discovering relationships, explanations, or propositions among the conceptual categories. Some of the specific guidelines and techniques utilized included segmenting and

recontextualizing (Tesch, 1990), the constant comparative method (Lincoln & Guba, 1985; Strauss & Corbin, 1990), a within-case analysis followed by a cross-case analysis (Lincoln & Guba, 1985; Patton, 1990), utilization of indigenous concepts (i.e., participant-generated concepts) and sensitizing concepts (i.e., researcher-generated concepts based on a priori theory (Patton, 1990; Rubin & Rubin, 1995), and the search for alternative explanations and negative cases (Talyor & Bogdan, 1984). The data analysis was conducted in two distinct phases. The goal of the first phase was to identify and describe the long-term effects of the sexual abuse. The goal of the second phase was to explore and propose how gender as individual and cultural constructions related to the impact of the sexual abuse.

A further note on the gender analysis is warranted. As argued previously, traditional positivist measures of gender identity, gender-congruent traits, gender-role socialization, to name a few, have limitations in measuring gender-related constructs (Hare-Mustin & Maracek, 1990a, 1990b). Within the constructivist and post-structuralist paradigms, a few studies have attempted to analyze gender in new ways. For example, Egger (1994) used discourse analysis to examine the way in which gender emerged in the talk between client and therapist. Lebowitz and Roth (1994) used thematic content analysis to examine how cultural beliefs about women influenced their responses to being raped. Still, ways of analyzing gender within the new paradigms are in their infancy. So, I struggled in deciding how to analyze gender. Since I was not sure how male survivors would talk about gender in describing the impact of the abuse, the research aim was clearly one of discovery not verification. I ruled out the approach of systematically operationalizing a coding manual for the gender analysis. Instead, I used the theoretical and empirical work on gender as a guide to

code for participants' references to gender. Then, I compared, examined, and questioned the emergent gender analysis and its relationship to the impact of the sexual abuse. I consider the gender analysis to be an early attempt to conceptualize and operationalize gender within a constructivist paradigm in the area of the impact of childhood sexual abuse.

Evaluating the Trustworthiness of the Study

In order to establish the credibility, adequacy, and quality of the present research, the findings must be judged by criteria appropriate to the paradigmatic assumptions and the method of inquiry (Kirk & Miller, 1986; Lincoln & Guba, 1985; Guba & Lincoln, 1989, 1994; Maxwell, 1992; Patton, 1990; Stiles, 1991). The "trustworthiness" criteria of credibility, transferability, dependability, and confirmability as suggested by Guba and Lincoln (1989) were used as an organizing framework. The trustworthiness criteria are referred to as parallel criteria as they were developed in response to the positivist criteria of validity and reliability (Guba & Lincoln, 1989). A brief definition of the criteria will be followed by a description of the strategies or "good practices" used in this study to enhance trustworthiness (Guba & Lincoln, 1989; Maxwell, 1992; Patton, 1990; Stiles, 1991).

First, credibility is demonstrated when the researcher has *"represented those multiple constructions adequately, that is, that the reconstructions . . . that have been arrived at via the inquiry are credible to the constructors of the original multiple realities"* (Lincoln & Guba, 1985, p. 296). In other words, credibility is concerned with whether the product of the inquiry is useful, coherent, explains rival interpretations, uncovers a solution to the original question, and "feels right" and "yields action" for those readers concerned with the question (Guba & Lincoln, 1989; Stiles, 1991).

The strategies that I used to ensure the credibility of the study were: (a) using the technique of triangulation by seeking and incorporating alternative sources of information into the reconstruction (i.e., exploring alternative explanations, searching for exceptional or negative instances, comparing to extant theories) (Patton, 1990); (b) having each participant provide verbal feedback on a written summary of his interview to assess the extent to which the written summary or "reconstruction" fit his experience, enlarged understanding, or stimulated action (Guba & Lincoln, 1989; Stiles, 1991); and, (c) submitting the results chapter to interested study participants to assess how convincing the account was to them (Guba & Lincoln, 1989; Stiles, 1991).

Second, transferability refers to the extent to which the findings of the inquiry fit or are generalizable to other situations (Guba & Lincoln, 1989). The constructivist researcher is bound to provide the information upon which the findings are based. But, the researcher is not bound to provide the specific limits of transferability. Instead, it is the reader's responsibility to determine the extent to which the findings of the present study apply to his or her situation. The steps I took to provide sufficient information for the reader to assess transferability include: (a) providing detailed descriptions of the sampling strategies, the participants, the time and setting of the study; and, (b) providing excerpts of the raw data or the participant's words upon which interpretations and propositions were based.

Third, dependability is parallel to the positivist criteria of reliability. Dependability is concerned with the stability of the data over time, the extent to which the researcher's observations are repeatable, and the extent to which another investigator's observations would be reasonably similar to the researcher's observations (Guba & Lincoln, 1989; Stiles, 1991). Stiles

(1991) offered a number of good practices that I used to contribute to improved dependability: (a) establishing trust and rapport with participants to facilitate in-depth accounts; (b) providing an audit trail (i.e., rationale for decisions and procedures relating to methodological and analytical considerations, detailed description of data analysis, appendices containing exemplars of raw data, data reduction and reconstruction products); and, (c) submitting all interviews to another researcher in the area to review the data analysis to assure a reasonable degree of agreement as to emergent concepts and categories.

Fourth, confirmability is concerned with "assuring that data, interpretations, and outcomes of inquiries are rooted in the contexts and persons apart from the evaluator" (Guba & Lincoln, 1989, p. 243). Although the constructivist paradigm acknowledges the researcher as co-creator of the findings of the study, confirmability assures that the findings are grounded in the data, not in the distortions or biases of the researcher. The strategies I employed to enhance confirmability were: (a) disclosing of my training background, personal and theoretical perspectives; (b) maintaining ongoing notes or memos related to my ideas, hypotheses, and biases; (c) working to "bracket" possible distortions or biases; and, (d) exposing the product of the present study to others (i.e., participants, another researcher in the area) to assist in identifying distortions or biases.

METHOD

The Participants

Seven male survivors of childhood sexual abuse were interviewed. One man declined to participate in the follow-up interview so his data were not used. The six remaining participants ranged in age from 36 to 53 years, with a mean age of 43.5 years. Most of the men identified themselves as white Canadians of European descent. Participants lived in urban and rural settings. Participants were highly educated; education levels ranged from some post-secondary education to graduate education. The participants rated themselves as middle class and upper middle-class on socioeconomic status. All were employed full-time at the time of the interview. The majority of the participants were married with children. One participant identified himself as single and living alone. Three participants identified their sexual preference as heterosexual and one participant identified himself as homosexual. Another participant identified himself as heterosexual but "bi-curious" and one participant reported being undecided about his sexual orientation.

The childhood sexual abuse experienced by the participants appeared to be of a moderate to severe nature. Half of the participants reported the sexual abuse involved acts such as penile-anal/vaginal penetration and oral-genital contact. The other half of the participants reported sexual acts such as fondling and rubbing penis/genitalia against the child. The mean age of onset was 5.8 years (range 2 years to 12 years), and the mean age of cessation

was 14 years (range 10 years to 21 years). Most of the men were sexually abused for more than 5 years and the abuse occurred frequently (more than 11 times). Half of the participants reported having had multiple offenders. Most of the childhood sexual abuse was intrafamilial. Half of the participants were abused by both male and female offenders. Five participants experienced physical force at some time during the sexual abuse; all participants reported psychological forms of coercion. Most of the participants did not disclose the sexual abuse during childhood because they did not think it was abuse; other reasons for not disclosing included thinking they would not be believed and fear of negative consequences.

Most of the participants reported other forms of childhood abuse and family dysfunction. Half of the participants reported emotional and psychological abuse as a child. The emotional/psychological abuse was rated, on average, as moderate in severity. Half of the participants reported childhood physical abuse. The physical abuse was rated, on average, as moderate in severity. Half of the participants reported some type of family dysfunction (e.g., alcohol abuse, depression) in childhood family members. None of the participants reported having witnessed domestic violence.

All of the participants reported having been in psychotherapy. Presenting problems in therapy include blended family issues, infidelity, unwanted sexual activity, depression, suicidal ideation, anxiety, poor self-image, poor social skills, and deep emotional pain. All participants reported suicide ideation, two reported suicide attempts, and two reported psychiatric hospitalization. Five of the participants were in psychotherapy at the time of the study. Average duration of psychotherapy was two years. One man had been in therapy "on and off" for about 10 years.

The participants were recruited through local mental health

professionals. Therapists were asked to distribute brochures describing the study to clients they judged as meeting the selection criteria. The selection criteria required that the participant: (a) had sought mental health services; (b) had acknowledged a history of childhood sexual abuse; (c) was able to talk about the effects of the sexual abuse without undue stress; and, (d) had no known convictions of sex offenses. Sexual abuse was defined as the use of a child for the purpose of sexual gratification by an offender who is in a position of power and authority over the child. All seven male survivors referred to the study were accepted as participants.

A brief explanation about the qualitative research sampling strategy will assist the reader in evaluating the transferability of the results of the present study. I used a combination of homogenous and convenience sampling strategies to locate the participants (Kuzel, 1992). A homogenous sampling strategy was appropriate because I wanted to understand the impact of childhood sexual abuse on adult male survivors. I excluded sex offenders with a history of childhood sexual abuse because they constitute a population distinct from male survivors. A convenience sampling strategy was necessary because I had to rely upon the interest and willingness of male survivors to participate in a study that required disclosure of sensitive and personal material. Theoretical sampling was not used in the present study. Theoretical sampling, developed in the context of grounded theory, alternates data gathering with data analysis, and selects new data to further develop theoretical concepts until the theory is "saturated" or can handle all relevant new data (Glaser & Strauss, 1967; Strauss & Corbin, 1990). In contrast, the aim of the present study was to explore the salience of gender and to offer tentative propositions and ideas about the role of gender in the impact of abuse rather than to develop a comprehensive theory or model.

Although the sample was homogenous on some demographic characteristics (i.e., education level, socioeconomic status, race), it was heterogeneous on other characteristics such as the nature of the childhood sexual abuse (i.e., severity, gender of the perpetrator) and the sexual orientation of the participant.

The Researcher

In qualitative research, the reader must know about the researcher to be able to evaluate the extent to which the results are grounded in the data and not the researcher's biases or distortions (Guba & Lincoln, 1989). One way to enhance the confirmability of a qualitative study is to declare one's training background, and personal investment and theoretical orientation towards the subject matter. In this way, the reader can interpret and evaluate the researcher's account, taking into consideration the researcher's context.

As a clinical psychology graduate student with feminist values, I hold the view that personal problems must be viewed within the larger sociocultural context. In practical and theoretical ways, I take into account not only the more individualistic issues such as developmental history, family-of-origin, interpersonal and self functioning, but also the larger contextual issues of power, gender, race, and socioeconomic class. My interest in the question of male survivors, gender, and the impact of abuse began when I trained as a co-leader of a male survivors' group. As a result of my training experience, I decided to examine some of my ideas about gender, and in particular, the victimization of males. Up to that point in my studies, I had been primarily concerned with understanding males who engaged in violent behavior against women. After I listened to the men in

the group express how they felt unheard by the general public, I realized I had little information on male victims. Lay and academic research resources were few, too. Thus, I wanted to educate myself about a problem I knew little about to prepare for my future clinical work with male clients, and to challenge, perhaps, my feminist thinking. Finally, I had some ideas or hunches about what I thought I might find in the present study.

As an adherent of constructionist feminist thought on human development (e.g., Hare-Mustin & Marecek, 1990a, 1990b) and an apprentice of recent challenges to the traditional models of the psychology of male development (Levant & Pollack, 1995), I wondered about the male survivors' stories of the impact of the sexual abuse. Might their stories actually reflect a more balanced view of human development (i.e., inclusion of relationships and views of self-in-relation to others) as compared to more traditional views of gender (i.e., males as self-focused and instrumental)? Also, much of the extant literature on the impact of childhood sexual abuse on male survivors emphasizes long-term effects in the areas of masculinity and male sexuality. I wondered if male survivors might spontaneously report and/or emphasize long-term effects other than those concerned with masculinity and male sexuality.

Procedure

I conducted all aspects of the research procedure, thus facilitating rapport with the participants, maintaining consistency in the collection of the data, and assuring the confidentiality of the participants. The participant either initiated contact with me to indicate his interest in participating in the study or requested, via his therapist, that I call him to arrange the interview. As a co-leader of a male survivors' group, I had previous contact with two of

the six participants whose data were used for the study. The interviews took place either at a community mental health agency or at the University of Saskatchewan Psychology Services Centre. At the initial interview I informed the participant of the purpose of the study, the procedure, the audio-taping of the interview, issues of confidentiality, benefits and risks, and the right to withdraw from the study at any time. The initial interviews lasted, on average, about 2 hours and 30 minutes.

The initial interview was unstructured and open-ended. The initial tasks of introductions, reviewing the purpose of the study, and discussing confidentiality and consent were used to develop rapport and to help the participant feel more comfortable. The interview began with the main question, "How have you been affected by the sexual abuse you experienced as a child?" In the spirit of discovery, the question was designed to allow the participant to talk about those effects and experiences that were most relevant and salient to him. I adopted McCracken's (1988) suggestions for sustaining the participant's constructions in an unobtrusive manner such as repeating key terms, nonverbally welcoming more information, and asking, "Tell me more about that?" or "What do you mean by . . . ?" At the same time, research interviewing in childhood sexual abuse is a sensitive matter. So, I utilized empathic responses and encouraged freedom of choice in sharing or not sharing sensitive material (Canadian Psychological Association, 1991; Gilgun, 1989). While I tried to remain empathically neutral in conducting the interviews, it must be acknowledged that the interviews are co-constructed. That is, each participant's words arose out of the context of the interaction between the participant and myself, the researcher. I used an interview guide to remind me of potential areas for discussion. The guide was based on extant knowledge about the impact of

abuse (see Appendix A). More often than not, however, the participant spontaneously addressed these areas or focused on those areas that were most salient to him. If the participant had not referred to gender in his response to the main interview questions, I asked, "How has your sense of masculinity been affected by the sexual abuse?" and/or, "How do you think gender is related to the impact of the sexual abuse?" At the end of the interview, the participant had the opportunity to comment about the interview experience (see Appendix A).

Following the initial interview, the participant completed a Background Information Questionnaire (see Appendix B) at home and mailed it back to me. The questionnaire asked for demographic information (e.g., age, marital status, education level), the characteristics of the sexual abuse (e.g., severity, duration, perpetrator), and the family-of-origin context (e.g., parental care, mental illness, physical and/or emotional abuse). The information was used to describe the sample and the context from which the participants came.

A feedback interview provided the participant with an opportunity to assess the extent to which the researcher's summary or reconstruction of the initial interview fit his experience. About ten days prior to the feedback interview, I mailed to the participant a letter reminding him of the purpose of the feedback interview and the summaries of the impact of the abuse and the ideas about the role of gender in the impact. I began the feedback interview by asking the participant to comment on his reactions to, and thoughts about, the summaries. As well, I sometimes asked specific questions to get clarification on particular issues. The feedback interview was conducted, on average, 14 months after the initial interview for five participants (ranging from 13 to 16 months); for one participant, the

feedback interview was conducted 22 months after the initial interview. Since I had informed the participant, at the initial interview, that I would provide him with feedback in six months, I took steps to assure that I maintained appropriate contact between the initial and feedback interview; I called the participants to update them on the progress of the research and I re-established each participant's choice/consent to continue participation in the research. Only one participant declined to participate in the feedback interview. The participant's feedback, whether it confirmed, corrected, challenged, or added to the researcher's reconstruction, was considered in the data analysis.

Finally, the participants were offered, via a letter, an opportunity to read the results chapter of the study. As well, the participants were invited to provide written feedback on the results chapter as a means of further enhancing the credibility and confirmability of the study (Guba & Lincoln, 1989). All participants indicated that they wanted to read and provide written comments on the results chapter. At the time of writing, two participants had provided written feedback and one had provided verbal feedback. Examples of these comments are reported at the end of the results chapter.

Data Analysis

The data consisted of the initial interviews with the six participants. Each participant's audio-taped interview was transcribed verbatim and analyzed separately. Transcription involved listening to the audio-tape of the interview, transcribing the interview, and proof-reading the transcript. I used the word-processing program of a personal computer to transcribe the

interview and to analyze the data (see Appendix C)¹ .

As indicated previously, to analyze the data and to write up the findings, I drew upon numerous sources for specific data analytic concepts, techniques, and guidelines such as de-contextualizing and re-contextualizing (Tesch, 1990), theoretical sensitivity (Strauss & Corbin, 1990), the constant comparative method (Lincoln & Guba, 1985; Glaser & Strauss, 1967), memoing or coding notes (Patton, 1990; Strauss & Corbin, 1990), indigenous versus sensitizing concepts (Patton, 1990; Rubin & Rubin, 1995), and within-case analysis and cross-case analysis (Lincoln & Guba, 1985; Patton, 1990). The data analytic concepts and techniques will be further explained in the context of detailing the data analysis.

The first phase of analyzing the data focused on identifying the effects of the childhood sexual abuse. It resulted in two files, one for the data describing the effects of the sexual abuse and one for data describing background information. The main interview question specifically requested that the participants talk about the effects of the sexual abuse. Thus, the participants described effects but they also referred to information other than the effects of the sexual abuse. So, for example, information about family-of-origin functioning, the interview process, and therapy was coded as background information.

The second phase identified references to gender and further investigated the relationship between gender and the effects of the sexual abuse. The second phase of data analysis resulted in a third file containing

¹ Appendices C through K provide portions of each stage of the data analysis. To protect the confidentiality of the participants, limited portions of each participant's data are used. Examples are equally distributed among all six participants. Appendix L contains an overview of the data analysis for one participant.

references to gender. I repeated this two-phased data analysis process for each participant's data. The final step of the analysis involved writing up the results chapter by compiling the data across cases for both the effects and the role of gender in the impact of the abuse.

Analyzing the Data for Effects

Using "segmenting" (Tesch, 1990) or "open coding" (Strauss & Corbin, 1990), I began to inspect, break down, question, compare, organize, and conceptualize the data. Throughout the data analysis, I used the "constant comparative method" (Glaser & Strauss, 1967; Guba & Lincoln, 1985), and, in particular, the "asking of questions" and the "making of comparisons" (Strauss & Corbin, 1990, p. 62).

Identifying and Grouping Effects Excerpts

In reading through the transcript and analyzing the data for effects, the first step was to decide if the participant was describing an effect or something other than an effect. Previous research on the impact of childhood sexual abuse sensitized me to the nature and types of effects that survivors of sexual abuse may describe (Strauss & Corbin, 1990). Previous research has described effects in the general areas of affect/emotion, cognitions/perceptions, and behaviors/actions; also, effects may be in the form of psychopathology (e.g., depression, anxiety), defense mechanisms, coping strategies, perceptions of self, perceptions of others, and perceptions of relationships (e.g., Alexander, 1992; Beitchman et al., 1992; Cole & Putnam, 1992; Dhaliwal et al., 1996; Finkelhor & Browne, 1988; Gelinas, 1983; Pescosolido, 1989; Pierce & Pierce, 1985; Schetky, 1990; Stein et al., 1988; Uriquiza & Capra, 1990; Watkins & Bentovim, 1992).

The second step was to determine how much of the transcript was needed to adequately capture a particular effect and its implications for the

participant. Also known as "de-contextualizing," excerpts must be taken out of their context (i.e., the transcript) in such a way that the excerpts retain their meaning outside of their context (Tesch, 1990). To do this, I asked: Have I included enough context in order to understand the effect and its meaning? The portion of the transcript that contained the effect and relevant contextual information was defined as an excerpt. Excerpts varied in size depending upon the amount of context needed. Each excerpt was followed by line numbers identifying its place in the transcript.

Identifying effects was not particularly difficult. Generally, the participants were explicit in their identification and description of the effects. Some examples of excerpts containing effects of the sexual abuse are listed below:

I was so screwed up. I was just there because I needed to be needed, or I needed to be around somebody - - I just had no sense of self. I was lost. I didn't have any direction. No direction at all. I was just spinning. I didn't know, what am I? Who am I? What's going on? This is - - like confusion. (1125-1131)²

For a long time, the sexual side of our marriage was poor. I have no difficulty in saying to you that I must be one of the, certainly, one of the world's worst lovers. I don't think I ever made love to anybody. I just go through the mechanical process of sexual intercourse and I do not enjoy it. . . . The damage, I think, that has been done to me meant that really it was no major consequence to me whether we had intercourse or not. (1999-2011)

² Excerpts used as data in the feedback summaries and the text of the dissertation have been "cleaned". I eliminated filler words such as "um", "ah", "sort of" and "kind of". I eliminated false starts such as "I've had, I mean I was". I corrected grammar usage. I used two dashes (- -) to indicate a pause. Three ellipses points (. . .) indicate that material has been omitted within a sentence. Four ellipses points (. . . .) indicate that material has been omitted between two sentences. Brackets enclose (a) the researcher's questions to the participant during the interview; (b) words and brief explanations or clarifications added by the researcher; and, (c) words that describe the participant's behaviors such as crying or laughing.

I thought of a number of other relationships with different relatives. I thought of all my friendship relationships that I had had before that and I thought that they were so superficial and so shallow and so, they meant nothing about any kinds of emotional feeling or anything like that. I looked at the marriage relationship and I thought, well, that's better, but, that's not all that great either. (628-635)

Occasionally, an excerpt contained two or more effects such as "low self-esteem" and "trouble with relationships."

It [sexual abuse] made me have a very low self-esteem. I've had a lot of trouble with relationships, as far as keeping relationships, or maintaining, or developing relationships. Just - - basically, in a lot of ways, it [the sexual abuse] robbed me of my childhood. It's involved everything, every aspect of my life. (4-9)

As noted in the description of the participants, most men reported emotional and psychological abuse, physical abuse, neglect, living in a dysfunctional family context, or other traumatic experiences.

I think the impact of the family situation beyond the abuse also has a big effect on a person. Obviously these things do affect people, right? And if there's an abuse in there as well, there's a dysfunctionality about the family, which goes beyond the abuse. So, maybe I could try to put it in some sort of context. (109-114)

Why I can't do that? What's different about me? Why are we [participant and his brother] so different? I think a culmination of the abuse, and maybe it was initially the abuse, and maybe it just carried on by my parents in some ways that they saw that I was unable to make decisions. I was confused in a lot of ways and they just carried me through and didn't let me grow up, or didn't make me grow up, I guess. (1009-1015)

The presence of such factors made it somewhat difficult to always differentiate the impact of the sexual abuse from the consequences of other forms of abuse, family dysfunctionality, and major life events. Given the main interview question, however, I assumed the participant was reporting the impact of the sexual abuse unless he specifically attributed the effect to other forms of abuse or family dysfunction. For example, one participant

distinguished between the effects associated with the sexual abuse and the effects associated with the physical abuse.

With respect to myself, the physical abuse is one thing. I can sit back at this point in my life and say, O.K., they were always pushing me around, beating up on me, and that's what happened to me and so I can directly think about that and I can begin to change things and I can not tip-toe around, I can pull my shoulders back, pull them up. I think the change is easier. I think with the sexual abuse, it's very hard sometimes to get that all figured out and then to feel comfortable with a sexual body image, especially in this society where I don't think the boundaries around that are very good. . . . (Feedback)

Other participants, too, recognized the problem of making an attribution of cause-and-effect when reporting the impact of the sexual abuse. So, they made attributions that made sense to them. Participants often claimed, and sometimes rejected or questioned the connection between the sexual abuse and the effect. I respected the participant's attribution or his current way of making meaning of the effect.

I relate this very directly to the sexual abuse experiences while I was growing up. This whole thing of sexualization of relationships. Instead of seeing a human being who's there. Seeing a person who is a sexual object. (1231-1234)

I have no relationship with my family right now. I might have [had] a good relationship with them. [How do you account for that? Do you make a link to having had those sexual experiences?] I don't make a link. (2348-2354)

Don't tell me about all this stuff, about God being God the Father, God the Son, and God the Holy Joke! That really makes me angry. You see I'm quite radical. Now you would probably be able to reflect on this and tell me afterward whether you think to what degree that would be related back to what happened to me. (2972-2977)

Sometimes, the participants described an interaction effect between the childhood sexual abuse and a significant life event. For example, one man identified a pivotal experience during junior high school. The participant informed his coach that he could not continue to play with the

school football team for medical reasons as advised by his doctor; subsequently, he was severely reprimanded by his coach and ostracized by his teammates/friends.

I do remember having a very emotionally jarring experience. . . . The one thing he [the coach] heard me say was "not play football" In front of three friends who went with me to talk to him, in front of them and in front of effectively, the world history class, because we were standing right outside the door and the door was open, he screamed at me. He called me a lot of names that called into question my gender, my origin, my parentage. He minced no words, he - - hurt me - - but, it got even worse because having the power of players that he did, he forbid under penalty of not playing football for him anymore or playing in the football program in school, he forbid any of the football players from having any contact with me - - which took away all the kids that I had had sleep-overs with and had gone on bicycle rides with and gone swimming with and played football and basketball and baseball. I ending up having to, well, I pulled away. . . . I felt like I had been betrayed, not only by the coach, but by my friends. I started all over again and kind of changed the crowd that I was running with. (61-133)

In his description of the impact of the sexual abuse, he explained how the impact of the betrayal by his football coach and teammates seemed to interact with the impact of the childhood sexual abuse.

I don't think outwardly I had changed a lot, except that as I am discovering from that point on [betrayal by coach], or actually a little before that even, because of the abuse, but particularly from that point on, most of my relationships would have been just so far and then I set points, I set the tone and if you could accept that, great, if you can't So I guess I became a little callous and thick-skinned and other than not so thick- skinned, I just protected myself instead of letting it bother me. I became kind of an aggressor in relationships and coupled with the abuse and became a user. I became, I think, very manipulative in relationships. (157-167)

Finally, although the existing empirical knowledge of effects sensitized me to identify effects, I tried to remain open to new effects. Unexpected effects included body image problems and submissiveness in relationships (see Results Chapter, pp. 113, 126).

The third step in identifying effects was to place a copy of the excerpt into a computer file labeled the Effects Data. An example of the effects data is presented in Appendix D. I grouped excerpts of similar content and/or meaning together. Using a technique known as "re-contextualizing," each excerpt "is settled in the context of its topic, in the neighborhood of all other segments of the data corpus that deal with the same topic" (Tesch, 1990, p. 122). I used the participant's words describing the effect as a heading under which I placed related excerpts. Thus, in the first part of the coding, I used "indigenous" or participant-generated concepts as effect headings (Patton, 1990; Rubin & Rubin, 1995). Some examples of effect headings included "the effect of depression in my life," "thinking poorly about myself," "what was a relationship?," and "sexualization of relationships." The process of placing excerpts under the appropriate effect heading involved the asking of questions and the making of comparisons: Does this excerpt fit with an existing effect? Or, is a new effect heading required to accommodate this excerpt? If so, do any pre-existing effect headings (and the excerpts contained within) need to be changed or adjusted as a result of the new effect heading? If this excerpt contains two (or more) effects, has it been placed with the two (or more) appropriate effect headings? As I asked questions and made comparisons about where to place the excerpt containing the effect, I often had ideas or questions about the effect, its meaningfulness, or its connection to other effects. I added these "memos" or "coding notes" in parenthesis following the excerpt (Patton, 1990; Strauss & Corbin, 1990).

When I identified a portion of the transcript that contained background information, I followed similar steps. I determined how much of the transcript was needed to adequately capture the context of the background information. Next, I placed the excerpt into a computer file

labeled Background Information. An example of background information is presented in Appendix E. I grouped excerpts of similar content and meaning together. I used a portion of the participant's words describing the background information as a heading under which I placed the excerpt. Finally, I used the techniques of asking questions and making comparisons to place the excerpt containing the background information under the appropriate heading. At the end of the process of identifying and categorizing excerpts, two new documents had been created, the Effects Data and Background Information.

Organizing the Effects Data

The Effects Data file consisted of numerous effect headings containing numerous excerpts, in a somewhat unmanageable form. Organizing the effects data involved organizing the numerous effect headings in order to facilitate understanding, interpretation, and communication. Related effect headings were grouped together and labeled with a higher-order conceptual label. The end product was a conceptual organizing system of the effects data (Tesch, 1990). I relied upon theoretical knowledge in a multitude of areas such as personality functioning, psychopathology, cognition, affect, and the impact of sexual abuse to guide in the organizing/conceptualization of the effects. I tried to ensure that I did not impose the theoretical knowledge of psychological functioning on the participants' descriptions of the effects by making sure the conceptual organizing system could be substantiated by the effects data (Strauss & Corbin, 1990). Thus, I would examine the excerpts for evidence that supported or did not support the conceptual organizing system of the effects I offered (Talyor & Bodgan, 1984). As well, in order to enhance the dependability of the present research, the conceptual organizing system of each participant's effects data was examined, discussed, and

questioned by another researcher in the area of childhood sexual abuse.

As an example of organizing the effects data, the effect headings of "I can never get into my body," "self-denial of your body . . . self-abuse," "I sort of have a sense of having no identity," "I would . . . negate all the positives," and "I am the curse" were grouped together under a new higher-order conceptual heading, Distortions about Self. Many, although not all, of the higher-order conceptual labels were "sensitizing" or researcher-generated concepts (Patton, 1990; Rubin & Rubin, 1995). In this step, I asked several questions: Which effects seem to hang together? What evidence in the excerpts suggests the effects are related? What evidence would argue against a connection amongst these effects? Have I entertained an alternative conceptualization of these effects? Have I been open to a new conceptualization? Does the grouping of effects seem to remain true to the participant's experience? Appendix F shows a portion of the conceptual organization of the effects data for one participant.

As a final step, I reviewed the entire conceptual organizing system of the effects by asking questions such as: Are the conceptual labels grounded in the participant's descriptions of the effects? What is the evidence that supports a connection among this grouping of conceptual labels? Is there any contrary evidence? Does the entire conceptualization of the effects seem to adequately capture the participant's interview data? As well, I organized the Background Information according to obvious categories including Family-Of-Origin Constellation/Functioning, Participation in Study/Interview Process, and Therapy/Recovery/Change. Appendix G illustrates a portion of the organization of the background information for one participant.

A final caveat - my conceptual organizing system of the effects data

may be somewhat, but not altogether, different from another researcher's conceptual organization of the same data. Given the shared knowledge of psychological theories relevant to the impact of sexual abuse, it would be likely that other researchers familiar with this knowledge would be able to assess the credibility and dependability of my conceptualization of the effects based on the evidence in the excerpts.

Integrating the Participants' Feedback

In order to enhance the credibility and confirmability of the study, I asked each participant for his feedback on the outcome of the data analysis for effects. A summary was based on the conceptual organizing system of the effects data. The summary for each participant's effects data was submitted to another researcher for review, discussion, and critique prior to soliciting the participant's feedback. Before meeting the participant, I mailed to him the summary of effects data, illustrated with excerpts. Appendix H contains a portion of a summary of the effects data for one participant.

Feedback interviews were audiotaped. I listened to the audiotape of the feedback interview and I transcribed the relevant comments. Relevant comments included those responses which provided verification, negation, clarification, or elaboration of the summary of the effects, as well as any new information that the participant discussed in the feedback interview (see Results Chapter, pp. 115, 124). Feedback comments were integrated into each participant's meanings or constructions and were included in the writing up of the results chapter.

Analyzing the Data for Gender

The question of how to analyze the data for gender was a difficult one. Previous studies on male survivors provided little direction in determining a qualitative method of analyzing gender. For example, Lisak (1994)

conducted a content-analysis of interviews with male survivors by identifying the "common, salient themes which appeared consistently" (p. 529); no mention was made of exactly how gender was taken into account. None of the studies based on case notes, clinical observation, and interviews with male survivors documented a method for analyzing gender (e.g., Bruckner & Johnson, 1987; Dimock, 1988; Hunter, 1990; Johaneck, 1989; Krug, 1989; Lew, 1990; Mendel, 1992; Myers, 1989; Singer, 1989). Providing a little more direction, Lebowitz and Roth (1994) examined how the "cultural constructions about women" influenced women survivors of rape. The instructions for analyzing gender were "to code for any reference that the women made to sociocultural constructions of female sexuality, the implications of being female in this society, and rules about gender relationships" (p. 268).

I was guided by one overriding concern in deciding how to analyze gender. I wanted to remain open to "discovering" what male survivors might say about the salience and meaning of gender in their accounts of the impact of the sexual abuse. I sought openness, complexity, and flexibility in the coding of gender. Thus, I decided to rely upon a broad range of research on gender, both empirical and theoretical, as a "guide" to assist me in coding for the participants' references to gender. The extant research provided knowledge, clues and ideas for coding references to gender. For example, the literature on gender stereotypes and gender-related attitudes described the content of the cultural construction of traditional masculinity (and femininity) (e.g., Ashmore et al., 1986; David & Brannon, 1976; Zilbergeld, 1992). The major theories proposed to account for so-called gender differences, such as psychoanalytic, social learning, and feminist, provided ideas about the range of potential mechanisms relevant to gender identity

development (e.g., Bem, 1981; Chodorow, 1978; Eagley, 1987; Miller, 1986). Also, I attempted to take on a particular mind-set in order to "bracket" or prevent preconceived notions about gender from biasing the gender analysis. As described by Brown (1990), who advised on the importance of taking account of gender in the clinical assessment interview,

This perspective is one in which the assessor continually calls into question her or his taken-for-granted notions about what is usual and "normal" in regard to gendered phenomena and instead attends to several important variables that can influence the expression of gendered attitudes and ways of being (p. 13).

At the same time as I took a discovery-oriented approach, I assumed a moderately conservative stance in coding for references to gender. Similar to Lebowitz and Roth (1994), I wanted to code for the *participants' meanings or constructions related to gender*. In other words, I wanted to code for the participants' personal constructions of gender, not my own construction of gender, nor the culture's construction of masculinity (although the culture's construction of traditional masculinity was evident in the participant's personal construction of masculinity). This approach affirmed the importance and relevance of the participants' meanings of gender when considering the impact of childhood sexual abuse.

If the participant had not referred to gender in response to the main interview question, I asked him about the relationship between gender or masculinity and the impact of the sexual abuse. Similar to analyzing the data for effects, I examined, took apart, organized, and conceptualized the data by asking questions and making comparisons. I began with the original data, the participant's transcript, and read for references to gender.

Identifying and Grouping Gender Excerpts

As the first step, I determined whether or not the participant was making a reference to gender. A reference to gender was defined as the participant's perception or meaning about gender or masculinity. References to gender could include more direct talk about masculinity, maleness, being a man, or male survivors, or more indirect talk about gender such as the content of gender stereotypes, gender attitudes, notions about gender relations, or gender socialization mechanisms.

To identify an excerpt containing a participant's reference to gender, I asked: Is the participant's perception or meaning about gender or masculinity? Have I included enough context to understand the participant's reference to gender? The actual questioning process depended on the cues and clues in the excerpt in question. The portion of the transcript that contained the reference to gender was defined as an excerpt. Again, excerpts varied in size and were followed by line numbers identifying locations in the transcript.

Identifying references to gender was relatively straightforward. Most often, the participants directly mentioned masculinity, maleness, or gender as a relevant issue:

I wasn't so much worried about masculinity as much as maleness. Masculinity is macho stuff and I just wanted to be male. But, I wanted to be a male who sang. I didn't want to be negated. So I chose to be a non-entity. I wasn't going to draw any attention or focus to me. I wouldn't be noticed. And to go into those things [singing], I would have been noticed. I would have been the odd person out. Things have changed quite a bit, fortunately . . . but . . . I would have been the odd entity. . . and I didn't want to be odd. I was odd enough as it was. (2514-2523)

Because they [friends] might go skinny-dipping or they might lie around the beach, nude - - I couldn't do that. [Because?] One, I think it would be humiliating, from the point-of-view of my physical

inferiority would be very obvious in that situation. [Meaning, your physical inferiority?] I would not meet the stereotype in my mind of the male body and therefore - - I would be the little boy on the beach with the big men and there would be a juxtaposition. It would be very uncomfortable for me. (1457-1472)

As well, I found participants made references to gender socialization forces, like the parent-child relationship, sports and peers:

My mother was really upset and she told me countless times when I was a kid how bitterly disappointed she was because I wasn't a girl. If I had been a girl I would have been called [Name]. As it was, according to her, my name was chosen for me by a delivery nurse. So she was stuck in a foreign village with a child of the wrong gender. . . . She was also doing this ridiculous thing about making me into a little girl. Right throughout my childhood she put girls on a pedestal and she was forever harping on these things. (212-338)

I was very athletic, very competitive. I took part in every sport I could and kind of the sandlot atmosphere where we would just throw a game together, as well as organized sports through the schools. I played, I played football, basketball, and baseball. With a certain group of guys over four to five years. in [city], athletics was very competitive. Football [pause] I played it and I was good at it. (62-69)

As indicated earlier, I was guided by one major concern in analyzing the data for gender. I wanted to remain open to "discovering" how the male survivors' perceived gender in their accounts of the impact of the sexual abuse. Sometimes, the male survivors' perceptions confirmed gender stereotypes; yet, at other times, the male survivors' meanings challenged gender stereotypes. To illustrate, one participant identified an effect of the childhood sexual abuse to be "aggressive" behavior. In this case, the evidence demonstrated that he associated aggressive behavior with a construction of masculinity as more traditional:

. . . regaining, for me, part of the macho stuff that was taken away from me, or that I felt was taken away from me, when I was belittled and emasculated - - It was an opportunity for me to reassert myself . . . (210-212)

In contrast, another participant reported an effect of the sexual abuse as "I would submerge myself totally in what someone else wanted." In this instance, the participant provided no evidence that he associated the meaning of the submissive behavior with gender; for instance, as a behavior that is contrary to the cultural construction of traditional masculinity.

The third step was to place the excerpt into a computer file labeled the Gender Data. Appendix I contains an example of the gender data. I grouped excerpts of similar content and meaning together. I used the participant's words describing the reference to gender as a heading under which I placed the excerpt. Some examples of gender headings included "I don't see an awful lot about male survivors out there," "a child of the wrong gender," "I was supposed to be admiring Marilyn Monroe in those days," "I find it hard to think of myself as a man," "skinny little wimp of a guy," and "very, very liberal - - sympathetic to the feminist cause." The process of placing an excerpt under the appropriate gender heading involved the asking of questions and the making of comparisons: Does this excerpt fit with an existing reference to gender? Is it similar to the other excerpts describing the reference to gender or is it different from the other excerpts? Is another reference to gender heading required to accommodate this excerpt? If so, do previous gender headings need to be adjusted or excerpts moved? Once again, I added memos or notes to the Gender Data document, as ideas or questions about the reference to gender arose.

Organizing the Gender Data

Conceptualizing the gender data involved organizing the gender headings in a meaningful way. In other words, the data needed to be "put back together" or re-contextualized in order to facilitate understanding about

the relationship between gender and the effects of sexual abuse. I grouped together related references to gender and labeled the groupings with a higher-order conceptual label. Once again, I relied upon the empirical and theoretical knowledge in the areas of gender, psychological functioning, and sexual abuse to assist in the conceptualization of the relationship between gender and the effects. Again, I tried to insure that I did not impose this knowledge on the participants' references to gender by making sure the conceptualization could be substantiated by the data.

One example of how I grouped a set of gender headings together under a higher-order conceptual label follows: "you never live up to the ideal male," "I would not meet the stereotype, in my mind, of the male body," and "I have probably developed the female side" were organized under the heading of Inadequate Sense of Maleness. To do this, I asked some questions: Which references to gender seem to hang together? What evidence in the excerpts suggests that the gender references are related? What evidence argues against a connection amongst these references to gender? Does the grouping seem to remain true to the participant's experience? Appendix J shows a portion of the conceptual organization of the gender data for one participant.

Similar to the final step of the effects analysis, I reviewed the entire conceptual organizing system by asking questions such as: Are the conceptual labels grounded in the participant's references to gender? What is the evidence that supports a connection amongst this grouping of conceptual labels? Is there any contrary evidence? Does the organizing system of references to gender seem to adequately capture the participant's interview data?

Integrating the Participant's Feedback

Similar to the effects analysis, in order to enhance the credibility and confirmability of the study, I asked the participants for their feedback on the outcome of the data analysis for gender. Appendix K illustrates a portion of the summary of the gender data for one participant. I followed the same procedure I had used for the effects data in writing up the summary and integrating the participant's feedback. Other relevant feedback comments on the summaries of the gender data can be found in the results chapter (see Results Chapter, pp. 149, 151).

Overview of the Data Analysis

Appendix L contains an overview of the data analysis. For one participant, portions of all the stages of the analysis are provided. The overview includes portions of the participant's transcript, excerpts of effects and gender data, conceptual organizing systems for the effects and gender data, and summaries for the effects and gender data.

Writing up the Results

I approached the writing up of the results of the data analysis as a further process of discovery and analysis (Richardson, 1994). Richardson elaborated, ". . . writing is not just a mopping-up activity at the end of a research project. Writing is also a way of 'knowing' - a method of discovery and analysis" (p. 516). During the writing up process, I used analytic techniques and general guidelines such as: cross-case analysis - grouping data common to different participants, or grouping contrasting data to a common question (Patton, 1990); reviewing memos and notes that emerged during the data analysis and keeping track of new hunches and insights (Patton, 1990); actively searching for alternative explanations and

examining negative cases (Taylor & Bogdan, 1984); and, as described earlier, integrating the participants' feedback (Guba & Lincoln, 1989).

Writing up the findings of the effects analysis was relatively simple. I grouped together similar effects across participants. Six broad categories of long-term effects resulted from grouping together similar effects. For all but one category, more than two participants provided data relevant to that category.

Writing up the findings of the gender analysis was more complicated. The conceptual organizing systems of the effects and gender data served as a springboard from which to engage in the reconstructive process (Guba & Lincoln, 1989; Tesch, 1990). Generally, I examined, speculated about, and cycled back and forth among the conceptual organizing systems of the Gender Data, the Effects Data, and the Background Information in order to develop ideas about the connections between gender and the effects of the abuse. I was guided by one overarching question: What is the nature of the relationship between gender and the effects? In addition, I asked numerous specific questions, based on cues and clues in the data, such as: What can I discern about the participant's personal construction of gender? Has the participant referred to the tenets of the cultural construction of traditional masculinity? What evidence is there in the excerpts that suggests a connection between gender and the effects? Has the participant's personal construction of gender changed the manifestation of the effects? Has the participant's view of the sexual abuse been affected by the dominant cultural construction of gender? Has gender influenced the process of healing from the effects? Blocked the healing process? Facilitated the healing process? Does the conceptualization make sense given the known theoretical and empirical knowledge about gender and effects? At the same time, does the

conceptualization seem to remain true to the participant's experience?

I organized the findings of the analytic and questioning process according to a number of themes. Within each theme, I refer to aspects of the participants' personal constructions of masculinity while describing the role of gender in the impact. Before I define a theme, I will show how I determined the participants' personal constructions of masculinity.

A personal construction of masculinity was defined as the participant's perceptions about his own masculinity within the context of the North American cultural construction of traditional masculinity. Personal constructions of masculinity were culled or gleaned from the participants' references to gender such as gender socialization practices, gender-related characteristics, gender-role behaviors, gender-related interests, and attitudes about gender relations. Overall, the data revealed the individualistic and complex nature of the participants' personal constructions of masculinity. To varying degrees, and on different dimensions (e.g., gender-roles, gender-related characteristics, gender attitudes) the male survivors valued, endorsed, displayed, rejected, struggled with, and/or questioned traditional masculinity. Generally, aspects of the participants' personal constructions of masculinity were characterized as more or less traditional.

A theme was defined as a compilation of data across participants relevant to one way or area in which gender played a role in the impact of the childhood sexual abuse. I determined the themes in two ways. The first method involved allowing the themes to emerge from the data by compiling, across participants, data that seemed to "hang together." Three themes emerged from this analysis. The second method of determining themes involved reading for specific themes based on questions and issues

raised in the literature on male survivors. I read for three themes relevant to the questions and issues raised in the literature on male survivors. The themes are described in the results chapter.

As a final opportunity to enhance the credibility and confirmability of the study, I invited the participants to comment on the results chapter. The participant(s) commented on the meaningfulness of the account, corrected any biases or inaccuracies, and elaborated upon the findings.

RESULTS

The findings of the present study are presented in two sections. The first section presents the data describing the long-term effects of the childhood sexual abuse. The second section presents the data related to the role of gender in the impact of the sexual abuse.

The Long-Term Effects of the Childhood Sexual Abuse

Most participants attested to the pervasive nature of the impact of the abuse on their lives.

It [sexual abuse] made me have a very low self-esteem. I've had a lot of trouble with relationships, as far as keeping relationships, or maintaining, or developing relationships. Just - - basically, in a lot of ways, it [the sexual abuse] robbed me of my childhood. It's involved everything, every aspect of my life.

When I knew I was coming to this kind of thing, you sort of prepare for an exam. So, I thought what's the question? The question will be what was the most important, most significant issue? I thought, now what would be the one thing, what was the most destructive? . . . I thought that's really hard to put your finger on it because you should have specifics. But I think that the one I would go with is distortions, that it's [the sexual abuse] really distorted everything.

The major impact are the [sexual] fantasies. The bizarre thoughts. Claustrophobia. Poor socialization. Sexual problems in marriage.

During the feedback interview, 14 months after the initial interview, one participant reiterated the pervasive and persisting nature of the long-term effects.

The ongoing effects, as I work through things - - the importance of

some areas seem to change and other areas seem to become more troublesome. It seems to be a struggle, even now, after two or three years of dealing with this. When I feel like I'm out of the woods and I've dealt with everything, it's still easy for things to rush back at me and drag me down. It might be something that I am going to battle with for the rest of my life, low self-esteem, emotional problems, depression, guilt . . .

The participants reported a wide range of long-term effects of the child sexual abuse. Difficulties were recounted in the realms of self and interpersonal functioning, affect regulation, memory, sexuality, and spirituality. Each of these are discussed below.

Self Functioning

All participants spoke about how their sense of self was affected by the sexual abuse. Disturbances of self encompassed the loss of a sense of self, a diminished sense of self, distorted self-perceptions, body image problems, low self-esteem, a lack of self-confidence, and sense of guilt and shame. They described feeling confused about their own wants and needs, feeling powerless to act in their own best interests, feeling restricted or limited in their identity, and feeling a need to hide a shameful self.

One of the biggest impacts of the sexual abuse is that I just didn't have a sense of myself. I didn't have an identity. I didn't think I had a right to want anything for myself. I would submerge myself totally in what someone else wanted I literally didn't have an identity. I used to worry about this. I used to think, my God, where am I? Literally, I would think that if you looked you wouldn't even see me! I thought I was a real wimp with regard to identity.

I was so screwed up. I was just there because I needed to be needed, or I needed to be around somebody - - I just had no sense of self. I was lost. I didn't have any direction. No direction at all. I was just spinning. I didn't know, what am I? Who am I? What's going on? This is - - like confusion.

So, trying to put the two together, the secret person and the non-secret person and I haven't reconciled that yet, and so I'm still trying to find out who I am. To me, it all stems from the secrets that I started

keeping when I was four or five years old.

While describing his recovery from the impact of the sexual abuse, one participant articulated how the process of discovering and establishing a sense of self involved questioning himself, assessing his wants and needs, making choices, and intentionally setting boundaries for himself.

Trying to look inside myself a bit more to just try to feel. What are you really feeling? Where are you at? What's going on? Do you really want to do this? Don't you want to do this? I think in a sense, trying to set boundaries for myself. What did I really like? What didn't I like? . . . It was almost like starting life. Trying to figure out what kinds of things I really liked and what didn't I like.

Factors contributing to the compromised development of self included an inability to remember parts of one's childhood, and a partial awareness of, and participation in, events and relationships over the course of one's life,

One of the things is that I have the blocks. I don't remember and I find that fascinating that people remember their childhood. I don't. There's nothing there.

I think about loss. Realization of loss more than anything else. I just realized, and it took about two seconds, in reading that book and coming across just a couple of sentences and realizing that I had lost 30 plus years of my life and that I had not been in touch with other people. I had not been in touch with myself. I had not been in touch with the reality of everything that was going on around me. I was isolated from it all.

A sense of self as confused, inadequate, fearful, or powerless had consequences for how the participants viewed themselves in relation to others. For example, three male survivors described themselves in relation to others as controlled, submerged, and manipulated.

I felt weak. I felt a lot of things. I felt stupid. I felt ugly. Any emotion you could mention. The only thing I felt I was good at was doing for [people]. That was one thing that I could do. I could make somebody happy by doing something. Or, doing what they wanted. In that way,

maybe I was a good person. Being a good kid, and not getting into trouble.

Certainly before I started to come to terms with my sexual abuse, if we were to go out to a restaurant, O.K., we're choosing something, I mean this is a trivial example, but it really was an agonizing thing for me. I'd wait, obviously what one does, you try to set it up so that at least you're in the same price range as your partner and then making a decision after that. It was really, really difficult. [And what was so difficult about it?] That I might make a choice and they would say, "Do you really want to have that?" I'd think, well, I'm not sure. Or, any kind of - - a choice. If people offered me a choice, I kept wanting to know, what do you really want to hear? What do you want me to say?

One man described his sense of powerlessness in relation to others by relating a disturbing dream.

One of the dreams I have, and it's still very vivid and I had it quite young. I'm either late elementary or high school, so it's a long time ago. I still remember very clearly. For some reason, there's a whole line of people but I don't recognize a lot of the other people. But, we're all lined up. We're not wearing any clothes and we're going to a slaughterhouse. We're all in line to go into the slaughterhouse where we'll be slaughtered. Everyone just keeps moving up and it's very obvious that you enter the slaughterhouse and then you will be butchered, all right? So, you're in this line as you keep going through and you stay in this line. And then somebody says, "But you don't have to be in line, you can just leave." Because some people just walk out of the line and say, "I don't like this game" and they leave, see? And yet I stay in the line even though I become aware that other people have a free choice from the point-of-view of, "I don't think I want to be in this line, I'll leave." [But you stay in the line. How do you make sense of that?] The rule is you're supposed to be in line.

Another participant articulated the importance of having a sense of self in order to be able to successfully negotiate relationships.

I think my relationships would have been better - - because I would have had a self, had a sense of self and known who I was maybe a little bit more and have had the tools to deal with life a little bit easier. I think things would have been easier. They might not have been, but I feel they would have been.

Two men highlighted one aspect of self, specifically body image, that

was distorted by the sexual abuse, and, for one man, by physical abuse, as well. Body image distortions included perceiving one's adult body as a child's body and viewing one's appearance as unpleasant. For one participant, a distorted body image created further problems such as lack of awareness of the body, discomfort with social physical touch (e.g., handshake, touching shoulder) and difficulty engaging in everyday tasks like buying clothes.

I have no concept of my appearance. So I can't get physically into this [body]. I can't see myself, because I know I'm [height and weight]. If I read that, I would say that guy sounds like a football player. I can't perceive myself in that light. [How do you perceive yourself?] I don't have a perception of it. I don't see myself in space . . . I remember doing an exercise with one of the people I was seeing when I first started the whole issue. We did a pushing exercise, pushing our hands back and forth. I was always impressed with this fellow that he was very big and masculine in appearance. So he asked to push and I remember as we pushed palm to palm, boy he's got big hands, he's got huge hands, like a farmer and I saw this little hand beside it. I went from there to the library to do some work, but I drew a picture of his hand with my hand over top of it and so it really bothered me this image and the next time I saw him I told him about that and he said, "Let's do it again." And my hand was larger than his. And so then I started realizing these distortions . . . What I saw in the picture I drew was a man's hand with a child's hand inside it and yet when I put them together. But even when I see my hand now I don't see a man's hand.

Moreover, his distorted body image was a central factor in preventing him from appreciating a complete sense of self, in his words, "who I am."

How I view myself? I've addressed the physical, that's a real difficult one. If I were to ever open a therapy clinic for people in my situation, I would hire a photographer and photograph people to give them an image of what they are. Like Karsh creates an image of that person and you have a sense of what Churchill was like . . . I have no image at all. I just can't put any picture there. I think what would be really helpful . . . you get a photographer to work with this person and say, "This is what I think, like Karsh, this is the essence of this person." This is a picture that you put on your fridge and say, "That's me. That's who I am." I think that would make a huge difference in my

life, if I had that, because I'd have to rebuild from that. I would then say, get inside that body that you just saw instead of projecting, trying to project myself onto somebody else, and maybe I'm like that or maybe a little bit like that or maybe I'm like that. If I could get into my body, I think that would really help To become somehow physically aware of who you are That's a wonderful thing, to have that.

Another male survivor reported consequences of a poor body image, arising in part from the impact of physical abuse, such as avoidance of dating relationships, body tension, and trouble playing sports.

I was angry about the damage physically. For years, I've had a hard time with my body image. Just thinking all the time that I was really ugly So - - that's been part of my life for all of my life. It's affected all kinds of ways of carrying my body. For years and years and years, I had drawn-in shoulders. My shoulders were kind of slumped and I had a hard time carrying myself very upright. That I'm convinced had to do with the beatings. This whole thing of being very angry was very much about that too because I began to think, well, O.K., in terms of your physical body, you've got an all right physical body. You're relatively strong. You seem to be a decent-looking person. You're fairly fit. So why look at it like that?

Further evidence of self and body image disturbances included a neglect and disregard of the body, and self-destructive behaviors.

In the five years before I finally started to come to terms with the sexual abuse, well, I used to go into rages against myself. That's another thing. If there was anger it was always turned in against myself. I could get very self-destructive. Quite literally I was afraid someday I might just do something that was too much. [Were you afraid that you would hurt yourself very badly or that you would kill yourself?] Both It [his house] needed some repairs. I was fairly convinced that either the roof was going to fall in on me or that . . . an electrical thing [would] happen and I would be burned to death. I was quite convinced that it was unsafe and yet I couldn't bring myself to do anything about repairing the house I was sure I was going to die in that house I used to be careless. Food would be stale-dated and I would still eat it That's really sick. Was I trying to kill myself? Was I just not protecting myself? I don't really know. All I know was that's what I was doing.

Also, not to have that sort of self-denial of your body, or self-abuse,

kind-of-thing. [What do you mean by self-abuse?] When I was younger, I self-hurt kind-of-thing, like punish the body kind-of-thing because it was bad, it was wrong, it was awful. [So you remember hurting yourself?] Oh yes. Not hurting myself so much as wanting to hurt the body. [Is that something that continued into adolescence or adulthood?] Yes - - and then also doing the other side. One side is to abuse the body. But, the other side is to not appreciate it. And logically, in my head, I think I'm very lucky to be in the body I'm in because it's not handicapped, it's not overweight, it's very mobile, it can do quite a few things . . . yet I don't appreciate it.

At the feedback interview, one participant noted that he continued to hold distortions about his body image, yet, he also noted some signs of improved body image.

The distortions, I would still agree and I still see them there and the perception of the body even now. Mirrors, I have a real hard time looking in the mirror because who do I see there? The person I see there I don't like. I don't know whether that person reminds me of someone else or what it is, but I don't like that image One should look after it [the body], appreciate it and all the wonderful things it can do It's a fight to move the body in a nice dance or do things that make the body feel nice, such as touch and things like that, haircuts, all of those things, just little issues, but they're a real battle, [but] logic is winning over emotion.

All participants identified feelings of low self-esteem and negative self-perceptions. They used words such as different, bad, unworthy, valueless, hopeless, sinful, dirty, inadequate, curse, failure, and fraud to describe themselves.

Not accepted. I felt different than everybody else Just wondering, analyzing myself, and wondering what it was about me that people didn't like, or what did I do to turn people off, or what was wrong with me?

For all those years, that is certainly not how I looked on myself. At worst, I didn't think there was anyone there at all. At best, if someone was there, he wasn't very good. Not a very good person. Not much to him.

I just felt, Oh God, here I am, I'm going out as a [professional] in the months ahead and I'm a charlatan and besides that I'm useless.

Low self-esteem and negative self-perceptions occurred in multiple domains of living; work, relationships, hobbies, sports, and personal talents.

Feeling behind in things [at work]. I'm not keeping up. I'm getting behind. Tension. Tension. I don't have any good relationships. Those kinds of thoughts. At that point in time, it was more the former kind of stuff, related to the job, [I'm] not keeping up. I'm falling behind. I'm not doing good work. See, I'm missing that. I'm missing that. I'm missing this. I'm missing that Oh, performance [during golfing]. Or just you're stupid, you're dumb, you're useless, you're worthless. All that kind of stuff.

Most participants engaged in behaviors that perpetuated a negative self-perception. They avoided opportunities to acquire disconfirming evidence and discounted positive feedback.

Don't give me any prizes, any awards, don't tell the world I'm a great guy I can't accept that I'm a worthy person to get awards. Partly because I have this icky feeling that I'm not worthy. Partly because I don't want to be noted. If I'm sort of completely anonymous, like I'm quite happy to be [anonymous].

I can be very easily motivated and will work twice as hard for praise, but the slightest interpretation of criticism will just completely devastate me. I would become really depressed and negate all the positives. I get evaluations from the [students]. I can get 36 brilliant ones that say, "He's the most outstanding [teacher] they've ever seen," and I have one that said, "He was two days late giving me back my mark on my assignment." And I'm depressed. [What goes through your mind?] I'm not very good. I must have done a lousy job. I will completely negate, I will completely block out all of the 35 [sic] [positive evaluations].

Negative evaluations of self contributed to difficulties relating to others; three participants reported isolating themselves from others, avoiding others, conforming to others, and being vigilant to others' reactions.

When I look back I think because of the age I was when the fear, the sexual experience was - - I was different from anybody that I knew anyway. That made me feel different, made me grow up in some ways faster than others and my world was different and I didn't know

how to relate. I was holding secrets and I didn't know how these things worked . . . so, I guess because of that I was very shy. I didn't go out to try to make friends with anybody. I think I was hard to reach otherwise, too, unless I knew somebody very well, I wouldn't talk very much or unless I really had to.

Another example of it is a superstition I had and I still have it. That I am the curse. The best example I can think of is I grew up in a small town and the hockey team, the midget hockey team went to something like the national finals and there was the big game out of town. I knew that if I went they would lose . . . If I'm present, as a spectator then I'd ruin the game somehow. There's something about me. I'm not allowed to see success or victory. Therefore if I went, they would have lost. So I didn't go to this big game. So that really isolated me from my peers. I was the only kid in town who didn't go to it.

I've watched for signs to see if people are losing interest or moving away from me or not. I watch that quite carefully, I would say generally. All in all, I'm watchful of whether people are accepting of me or moving away or possibly making a judgment of me. [A judgment of? What do you mean?] That I'm competent or incompetent.

One participant speculated that his feelings of unworthiness might have prompted him to act in a way that distanced others from him.

I just can't understand it [receiving award]. Why would you think? I'm such a bad person. Such a turkey. Such an unworthy person. Why would you say that? I feel in a bizarre sense, I'd feel better if people were pissed off with me. Then I feel kind of O.K., all right. I don't know whether I do things to piss people off, maybe I do. I really couldn't say. It's not conscious. I don't know. It's possible. When you start to put together the consequences of this stuff that relates back to the way our brains were programmed as little children, it really then becomes obvious that it's those kinds of things that happen to people and it doesn't matter what the kind of abuse is.

One participant noted in the feedback interview that the impact of the sexual abuse on his self-esteem continued to be, in his words "an ongoing struggle."

I'm trying to think of the one part that did hit quite a bit. There was a section that had to deal with self-esteem. That one hit me again a

little bit more than some of the other parts did. [Hit you more?] That's been an ongoing struggle for all of my life and so every time I think of that again, it is a little bit harder to deal with than some of the other parts I think of all of the times that I have muted myself, or not even realized that I was quite fearful, or quite unsure or quite conscious of myself, and not wanting to put myself forward. That becomes painful to think about all the experiences, what was missed along the way, what could have been.

Most participants described a lack of self-confidence, perceiving a deficiency in abilities and competence in numerous areas, like career, parenting, marriage, and relationships.

Self-confidence and things. I think - - things might have been different. If I would have felt better about myself when I was young I think everything would have fallen together, better. I feel so much better about everything now that I've kind of come out of my shell, basically. People treat me differently. I think, I don't know, I would have been stronger. I maybe would have been more capable of doing the things I wanted to do . . .

Well, literally, not having any confidence in what I could do myself. Again, not feeling that I had the right to - - any kind of sort of opinion, or identity, myself. The conforming to other people was probably - - certainly with the incest, that was probably part of it at the beginning. I had to comply or I'd have been, I don't know what, abandoned.

As a result of a lack of confidence in one's abilities, three participants avoided making career changes, and avoided opportunities for potentially successful experiences.

[I am wondering how you think the sexual abuse you experienced has affected your work?] Being trapped. I think that if I hadn't been abused, maybe I would have had more confidence to go out into the world and pursue something else. Or maybe, I would have been able to think a little more on my own and know what I wanted I didn't even have the confidence to go out and do a job interview. There was too much stress involved in that for me. I would just as soon sit and do something I didn't want to. Sit on the farm, rot on the farm . . .

They [work colleagues] leave me alone. Which is exactly what I want. [And why do you want to be left alone?] Because I don't want them

coming to me as an expert on things when I feel that I can't give my snap answers . . . I can't say, "Oh, ah, like, I don't know." I can fake it a little while, but, what am I going to do? I'm going to go to my files and look it up.

Another man described the fragility of the confidence he did have in his abilities.

I'd be quite confident about what I was doing, in one way, but I would immediately panic inside if anyone questioned me, well, "Why are you doing this?" Because very often it might be a subjective reason and if it's a subjective reason coming from me then what validity does that have? Does that make sense? . . . I was prepared, I was totally convinced and no, it wasn't being unprepared. It was because it involved more of me. If that was thrown into question, wow. That finished me.

Five participants were aware of feelings of guilt and shame. Guilt and shame were experienced as diffuse, originating in the sexual abuse, or arising out of behaviors engaged in during adulthood. One male survivor referred to numerous examples of feelings of guilt throughout the interview.

Guilt, and different things I couldn't relate to anybody . . . I was already feeling guilt because I had had sex and it was with this girl who was a [relative]. So, that was wrong.

I just got so wrapped up in everything that I couldn't think straight. This consumed me and all along I didn't think I'd been that great of a husband or that great of a father and then to have this [extramarital affair] on top. I really screwed up and I probably didn't deserve to live.

I was very hard - - hard on my son, especially. I expected too much from him. I wanted him to grow up - - faster. I guess he was going through the things that I felt I had missed. This is childhood stuff, "Deal with this, do this, do that" and, to a kid, which is what he was supposed [to be], yet I wouldn't allow him that. I felt guilty for being that way. I wasn't physically abusive to him, but I was - - I wanted to be close to him, yet, it seemed like I just pushed him away.

During recovery from the effects of the childhood sexual abuse, this participant experienced guilt about the way in which the abuse had affected

his family relationships.

Especially with the family, the relationship I have with my family. The better it gets, the worse I feel about the past. I guess the thoughts of, why couldn't I have been like this all along? Why did we have to go through the way it was? So, in that way, the guilt has come around.

Two participants identified the experience of shame as a long-term effect of the childhood sexual abuse.

As I remember things that happened, at times, I feel an intense sense of shame or guilt. Both about my abuse and the way I treated people . . . I think the shame is about the controlling and manipulation. And, the secretiveness.

It really wasn't until I got into group that I actually accepted that it was sexual abuse and that it was not my fault. I didn't do anything. I didn't bring up all this shame on me. I've lived a lifetime of this, carrying this burden of shame!

The second male survivor linked the shame directly to the sexual abuse. Moreover, he explained how the shame surfaced in a relationship with a male friend.

But, always when I leave there [his friend's home] I have this terrible feeling, did I screw up in some way? Did I say something wrong? Did I do something bad? Do they hate me now? . . . Those words really don't describe the kind of feeling that's in there. I don't really have good words to describe it . . . I think back about what I said and what I did. Did I do something? No, I don't think I did. Why do I feel like this? . . . It's a feeling of inadequacy. Again, it's linked with shame, some sort of shame. I mean if I go to visit him again this year, I know I'll have the same feelings when I leave. And there's never any problem. [Friend], we talk on the phone and he'll quite often say, "Love you, buddy." It's real nice. [So this feeling you have to deal with when you leave. So this shame?] Yes. Right. Absolutely. It's mixed up though, like in the ritual [the sexual abuse]. There's this mixture of emotions. So this is relatively mild to the turmoil of emotions I experienced when she [sexually abusive mother] was doing all that horrible stuff . . . now, I can recognize that they do link back to that. And I never understood that.

Affect Regulation

Difficulty with affect regulation was another major area of long-term effects described by most of the participants. They reported depression, anxiety, numbing of affect, and other problems with accessing and expressing affect.

The first thing I noticed about long-term effects has been the effect of depression in my life. I don't have any clinical diagnosis to back up what I am going to say but in any case I believe it to be true. I think for myself I started with some sort of low-level depression when I was very, very young and I don't know at what age that was. But, I think that carried through most of my life. The first time when I think I can trace back to actually being what one would call clinically depressed was probably when I was about 14 or 15 [years].

I wouldn't be at all surprised, impossible now to document, but I was probably clinically depressed for a good five or seven years before. I know how down I was. I felt like, Joe Spftxz, in one of the comics, with a black cloud over his head. That, and I sometimes used to listen to myself, God, I hope I don't sound that down and miserable.

I was taking notes in class and all at once I realized that I couldn't keep up with the professor and I thought, gee, that's really odd. I thought maybe I was really tired because I hadn't been sleeping well before that and I thought well, maybe I'm just very tired. So, I tried harder and harder to keep up. Then I realized that I just could not keep up any longer. Then I began to have trouble hearing and it was as if the voice was coming from somewhere far, far away. I couldn't get in with my brain, so I quit writing, finally. Then I was completely terrorized. I've never felt terror like that in my life, ever. [What was the terror about?] That my mind was going. That there was something obviously wrong with me inside and it was my mind.

Other problems with affect regulation included problems identifying, feeling, and expressing emotions, mood swings, the muting of positive affect, and the avoidance or intrusion of negative affect.

I probably would have to say that emotions are numbed out in some way. Or reduced to this kind of minimal level of feeling. I guess that's the only way I can describe it.

The affective side of living is my real weak point.

Through that whole period of time . . . I was crying fairly often and just feeling very, very, upset. I'd go to a meeting. I'd get out of meeting. I'd cry on the way to the next meeting. I'd get out of the meeting. I'd cry on the way to the next meeting. I'd get home at the end of the day and I'd spend an hour on the floor in the bedroom or in the kitchen just crying my eyes out. Then I'd have to get up and go do something else and it was just like that on a very constant kind of basis.

For one participant, recovery from the sexual abuse involved experiencing his affective life in a different way.

There were a number of times along the way in that three month period in particular where I began to feel that all the emotions that I had within me that had been bottled up for years and years and years were just pouring out and it was day after day after day after day after day after that. It was like - - two sides of it. It was as if a dam had burst open and the water was all flowing out. And, at the same time, it was like a whole new world was being discovered.

For example, he reported that he experienced and expressed intense anger towards the abuser and about the impact of the sexual abuse.

About two and a half years ago I went through a real bad period when I was really, really angry all of the time. I'd go in the garage and I'd get working away on something. I like to fix cars. I'd be fixing something on the car and I would just get so upset and so angry that I would just take tools and throw them on the ground and they would bounce back up in the air. One day I was so angry thinking about this all and I was taking tires off the car and I just took this one tire and flung it across the garage and it hit the garage door and it bounced off the garage door and it bounced off the garage wall and it bounced off the garage floor. I took the second one that I had off and I threw it against the wall and it bounced off. I was so angry I wanted to take every tool I had in my toolbox and just begin flinging them all over this garage and I didn't care whether they landed on anything, whether they destroyed the garage door or the car that was sitting there or anything. I was just really angry. [What were you saying in your mind, at the time?] . . . I finally just collapsed in tears and I spent the three-quarters of an hour, just inside crying. Then I started to get angry again and I just took a couple of pillows and beat the living daylights out of the pillows and then probably after a half an hour, just exhausted of that kind of thing. That went on probably for a couple of weeks with that intensity of anger and then it went on for a longer

period of time afterwards where I would just get really angry some days. I'd have to go downstairs and I'd just have to beat my hands into the sofa or the pillows. [And you were angry about the damage?] Yes. I was angry about the damage sexually. I was angry about the damage physically.

Difficulties with affect regulation had implications for relationships as well. Three male survivors described having problems genuinely feeling and expressing positive feelings of affection with important others in their lives.

The expression, love, I can't stand. I just detest that word. I just cringe at the thought of it, the use of it I know that my wife would dearly love me to hear me say, "I love you." I can't connect to the words. I can't do it. . . . I can say, "I love you," but it just grates. It feels really awkward. It feels meaningless. It has nothing there.

So I can't say, well, what is love? When you talk about emotion, what the hell are you talking about? I don't know. I can't answer it. Because I don't know. How do I feel about my children? I don't know. I feel intellectually an affection for them. It's not something that I feel that is of any strength at all. It's about this high [demonstrates small] whereas maybe love should be as high as the [refers to a tall building and demonstrates high] as well. Or higher!

In the next two quotes, one participant explained how his difficulty accessing his emotional life created communication problems between his wife and himself. In the first instance, he had difficulty understanding his wife's feelings. In the second quote, he had difficulty showing emotions to help his wife understand his feelings.

Feelings, you just separate them completely Like in conflicts with my wife, if we get into an argument, I'll do it with her. I can separate. [What happens?] It's disastrous because I'm not there anymore. I'm not understanding what she's upset about. I'm not sensing her upsetness. I'm not even there. We're in the same room arguing with each other, but I'm not even there. So, it makes it very difficult. So we don't get resolution at that point, at all.

If she were to cry about it, then I would pick up this is important to her and I would go to the workshop. Because I saw the crying

therefore this must be important to her. That's my interpretation. She never sees that for me. [Because you?] Because I don't have that affect. So if she were to say, "I want to go to this workshop" and I were to say, "I don't want to go and I'm worried" and I start crying, then she would say, "[Participant]. This is really upsetting you. The idea of doing this. What's going on here?" Then we might get to the bottom of this. But we never do because she never sees the affect from me . . .

One man experienced discomfort in the non-sexual physical expression of affection, and closeness with his partner and his children.

Like physical contact is not my forte at all. It drives my wife crazy. My kids expected me to be physical. Now with the two youngest, because I was home with the youngest, there was nobody else to be physical with her. So I had to become physical with her, from the point of view of, when she fell. . . . That was probably one of the first times I was genuinely affectionate to her in the sense of, "You're very frightened and scared but it's O.K.. I'm here and I'll look after you." I was very huggy . . .

At the feedback interview, he noted that he was able to appreciate the importance of non-sexual physical touch in the expression of emotion.

The expression of emotion, that's a horrific one. Physical contact, I am probably more aware of that than ever in the last year, how important that is. I have even had some moments when I could really understand why that was important and then I lose that again.

Memory

One participant reported that he suffered memory problems which he attributed to the impact of the sexual abuse. Memory problems interfered with daily living such that he avoided managerial tasks at work and was unable to recall events of the previous weeks.

The aftereffects of the ritual [sexual abuse] is that the whole bloody thing is blanked out. And that's another thing. I've been watching the tapes about memory, trauma and memory, traumatic memory. When I was watching that recently, I recognized that I have a problem with remembering what happened yesterday, or the day before. . . . I couldn't for instance write a letter home describing what happened during the past week. I have no idea. Not a thing.

Interpersonal Functioning

Interpersonal problems constituted a major area of long-term effects of the sexual abuse. All of the participants related considerable difficulties in developing and maintaining satisfying relationships. They spoke about marital problems, parenting issues, trouble with intimate and romantic relationships, concerns about friendships, and social anxiety.

Right now, I'm having a really hard time, struggling with intimacy. I'm struggling with intimacy, emotionally, mentally, and physically as well.

I think mostly just because I didn't relate, I didn't know how to - - talk to them [his children]. I didn't know how to relate anything, feelings, or I didn't get close.

I thought of a number of other relationships with different relatives. I thought of all my friendship relationships that I had had before that and I thought that they were so superficial and so shallow and so, they meant nothing about any kind of emotional feeling or anything like that. I looked at the marriage relationship and I thought, well, that's better, but, that's not all that great either.

Most participants asserted that the impact of the sexual abuse on their relationships was one of the most salient long-term effects. Problems with relationships often prompted them to admit a problem existed, to recognize the impact of the abuse, or to seek help.

I probably wouldn't have even addressed the issue of sexual abuse if it wasn't for the relationships I'm in, because there's something wrong. [So, what's wrong?] There isn't a relationship. [Can you say more about that?] - - Well, all the nice trite expressions, we're two ships in the night. Sometimes I think my wife and I are two single parents living in the same house.

It wasn't very long after that that I began to realize that there was something very significant happening here in my life. And it was about relationships. It was about feeling that I had never been loved. That I had never been cared for. That, and on and on like that. All about relationships and not having any love, any affection, any caring, any proper bringing up when I was a child and maybe, for a lot

of my life.

Interpersonal problems took many forms. Four participants perceived themselves as separate, unacceptable, or powerless in relation to others. They assumed stances of pleasing people, conforming to others, and avoidance of others in an attempt to ward off rejection, abandonment, and harm.

I was very eager to please I was always afraid of everyone, afraid of being hurt all the time I was very, very afraid of not pleasing people, especially my parents. I was manipulated by a lot of people because I was too eager to please and, it seemed like no matter what I did, I was never, never accepted or never felt comfortable.

I think it [the sexual abuse] has led to me being a really solitary character. I've also been described as a lone wolf. I have few friends. The ones that I do have are good friends, long-standing friends. I have no interest in superficial friendships. If you're going to be a friend to a person, you're a friend in all weathers. No matter what. And that's how I view it Even there [in long-standing friendships] I don't ever feel completely comfortable. I never feel completely free of this . . .

My whole value system, my *raison d'etre* for being is wrong, is distorted. This isn't right. [The *raison d'etre* for being is to?] To serve. To submit to others. To produce. To please others. And, to discover that maybe that's not it - - is shocking.

One male survivor elaborated upon his role as the "submissive one" in relation to males.

It never occurred to me that this thing maintains itself. As I think back in terms of the one situation I remember with the person who was my babysitter. That pattern remains. I was always the submissive one. Even in the sexual play, the role-plays where I was always the subordinate. All the games we played, I was the cub, he was the lion, or however you want to describe it.

Another man elaborated on additional factors, such as overall family dysfunction that included sexual abuse by both parents, that contributed to a tendency to conform to the wishes and needs of others.

That definitely comes from childhood, from my parents. You don't ever ask for anything. You always consider the other person first. I mean that probably may have nothing to do with sexual abuse. Just that was one of the rules. You always take everyone else's opinion or needs or whatever into consideration, first. If there's anything left over, then maybe you'll get part of your way I think that was the kind of emotional blackmail that my mother probably used with regard to the incest The kind of threat that unless you conform to what the other person wants from you, meaning me, unless I conform to what the other person wants then there's going to be no relationship and I'm going to be unhappy.

The strategies of conforming and avoidance often resulted in increased isolation from others.

I didn't know anymore how to please anybody. Without even trying I was more displeasing. Everything I did was pushing, or with my marriage, for awhile there, we were really falling farther apart.

Perhaps, the feeling that I really don't belong anywhere. I don't really have any need to be close to the family I don't feel that I have a need to be close to anybody. I do have a kind of loyalty. The best kind of holiday that I could have is if they all went away and left me alone. It's awful. I hate feeling like that.

Some participants recognized the consequences of such self-protective strategies, such as the loss of relationships in their lives, or the loss of meaningful intimacy in relationships.

There's a lot of relationships that were lost. A lot of opportunities to do things to interact with people that I cut myself off from for fear of the loss of control or the fear of threat. So, many, many friendships that, if I were to say right now where are my group of friends? There's no group of friends.

She [participant's daughter] said, " . . . I knew there was part of you that I didn't know." I think she summed it up Because she was in a territory I could never venture into. The kind of intimate relationship, emotional relationship with people. I just never entered into. I mean I thought I had. But it was at this level [demonstrates small]! When it should have been as high as the [refers to tall building and demonstrates high]! What she saw was ways in which I would hold back. She said, "Daddy, you know, I tell you this now, but you never once hugged me since we came to [City], you

never once hugged me."

During the feedback interview, one male survivor articulated his profound sense of loneliness and alienation from others.

The next thing I want to try and work on is this feeling of inner loneliness that I have A recurrent dream when I was a child. It used to scare me. I was confined in a swirling blackness and I was desperate to escape. I had to get out of there. It was so black, swirling in front of my eyes. When I tried to escape it was as if my brain and my mind were being torn out of my head [sobs] - - I tried to describe that in a poem. When I was in denial, the images I used in there were images related to the abuse. Images of rain. Heavy rain coming from the great sea. Mother of all mothers, the ocean. And, the fact that the mother is, the splashing of water, the mother's tentacles are everywhere, children running, falling What I think I had there, in that poem, was a sort of confusion of emotions what I hear in that is loneliness.

In contrast to stances of submission and conforming in relation to others, one participant described himself, in some relationships, as aggressive and manipulative. In the following quote, he referred to an interaction between the impact of the childhood sexual abuse and an "emotionally jarring" incident in junior high school. The participant had informed his coach that he could not continue to play with the school football team for medical reasons as advised by his doctor; subsequently, he was severely reprimanded by his coach and ostracized by his teammates/friends.

I don't think outwardly I had changed a lot, except that as I am discovering from that point on [incident of betrayal by football coach], or actually a little before that even, because of the abuse, but particularly from that point on, most of my relationships would have been just so far and then I set points, I set the tone and if you could accept that, great, if you can't . . . so I guess I became a little callous and thick-skinned I just protected myself instead of letting it bother me. I became kind of an aggressor in relationships and coupled with the abuse and became a user. I became, I think, very manipulative in relationships.

Most participants seemed to have developed negative expectations and beliefs about others. They expected others to be cruel, to con, to set them up, to cut them down, to manipulate, humiliate, hurt, or take advantage of them.

I guess the biggest impact that I would see is that I'm just very distrustful. I am really very fearful of being conned. Really distrustful. Even with my primary relationship, which is 24, 25 years . . . I was totally committed to the relationship - - but I wasn't really always sure. It was a feeling that I wasn't sure that he always had my good at heart. I was always wondering, am I being set-up? In fact, that would be a good quote for the whole of my life. Am I being set-up for something? . . . Even in work relationships that are quite good, I often think, O.K., is there a hidden agenda here? Am I being set-up to be cut down?

Males are not to be trusted. They're to be feared. That's another distortion. It wasn't until a couple of years ago, I'd always felt threatened that I was at risk around males. [At risk for?] Physically. That at any moment a male could suddenly blow and I would be hurt. That risk was always there. Whether the male would want to take advantage of me or - - [Take advantage of you in what way?] Seduce isn't the correct word, but - - lull you into trusting them and then take advantage of you one way or another. [One way or the other? What did you have in your mind about how you might be taken advantage of?] I don't think it was a sexual taking advantage of, but a taking advantage of from the point-of-view of - - companionship. I just need you as a friend to help me with this, or I just needed you to help me with the house, or whatever. That somehow there was always that sort of threat. There was an element of danger there.

Distrust of others also led to self-protective strategies like reserving one's self, keeping guarded, or assuming an offensive stance.

In spite of saying that I would conform myself almost exclusively to the point of disappearing myself into a relationship, I mean that's what I did. But I always kind of reserved a part of myself in case I would be abandoned. In case, I would be rejected. In case it wouldn't work out. Sort of a self-protection.

That anxiety and that level of fear was always just about keeping myself closed off and guarded and aware of other people around me who might do harm to me. That was a big part of it.

How would I be on guard? I guess to keep things intellectual. And that's a trick I still use and I haven't realized how powerful I use that Actually my wife really pointed out to me that whenever I am threatened or feel stressed in a situation, I will intellectualize. I will get into some very abstract thinking and conversation They probably just want to have a very low conversation about sports or something, and I'll intellectualize. I'll pick something pretty abstract, political or whatever, but really go after it It backs them off.

The people I had gotten closest to before, say my parents or my mother, especially, and - - other people, that I seemed to have gotten really close to, had, in some ways turned around and hurt [me], or something happened that the relationship had ended, and just when I thought it was at its best. I guess it was my way of trying to be the one that ended it before they had a chance to end it.

At times, the participants' expectations of harm were borne out by experiences of betrayal. This male survivor's best friend had an affair with his wife, after the participant had told him about his childhood sexual abuse.

Because of my inability or unwillingness to trust people, especially those that I'd like to be close to, like this best friend I've invested too much of myself and then felt like I was betrayed and that was very painful Almost all of the closest relationships I've had have been with women. It's difficult to trust men. I don't know if that's because their abuse of me was more painful or more threatening.

At other times, some men recognized that their negative expectations about others' intentions were unfounded. In the following quote, a contributing factor to this man's negative expectations of others was his difficulty in accurately perceiving the size of his body.

As soon as I walked into the door, he said "Big Guy." Like he was putting me down, he was trying to shoot me down. Trying to humiliate me. Put me in my place. Whatever it was, he was being derogatory to me, all right. It wasn't until six or seven months later, at one time we were standing together, and I realized I was the largest person in the group. But, I had no awareness and that's why he called me "Big Guy."

Still, in spite of negative expectations of others, some participants

revealed an empathic orientation in their concern for the well-being of important people and relationships in their lives.

I still have a lot of anger about the loss. And not only for myself. It makes me mad to think that the quality of my present relationships, my relationship with my wife, my children, and with everybody else has been affected. I think these relationships, they've been robbed in turn, too, because, maybe I could have been better for them or have been different for them. They've had something taken away from them too. Things could have been different.

I've been reading some Buddhism . . . and I started thinking about my children, my relationship with family and I thought, there was one phrase, I don't know where I read it, but it was something about what will be there when you die? What's left behind? And I thought really and truly the only thing that's left of any importance is my family, in terms of their well-being, their health, their feeling good about themselves and so on. It doesn't matter about anything else, really. And the only way they're going to get that is from my relationship to how I respond to them. I boost their self-esteem. I make them feel good about themselves and that they are really cared for. This is really alien stuff to me.

Three male survivors felt they lacked relationships skills. They lacked knowledge about how to develop and maintain relationships and about what constituted a healthy relationship.

There was something missing. I think a lot was missing, childhood, missing the personal growth, the relationships. Me not knowing what a healthy, mature, in some ways, being more mature than I should have been, in other ways, not being mature, and not having the skills to deal with a relationship. Just not knowing how to deal with hurt feelings in a relationship.

At that time, relationships, God - - what was a relationship? I couldn't have figured that out if I would have tried. There were some times I would get frustrated about certain aspects, that is, that I didn't have as many friendships as I wanted to, or that I didn't think that they were very good, or that people didn't want to seem to be around me What is it like to live in a relationship where first of all, you're unaware of, as I was unaware of, what it's really like to passionately care for another person? And not even have a sense of what that is like. What is it like to have a child and you know that you hardly can even understand what it's like to passionately care for

a child? Because you just don't know. You don't know any better.

One participant added that he had to learn how to distinguish between abusive and non-abusive behavior in relationships.

It's still somewhat difficult for me today, though not as difficult as it was in that point in time of figuring out, what is abusive behavior in relationships? Vis a vis, what is the normal kinds of strains that go on in any relationship? How do you figure that all out? What are the lines? So, sometimes, I would think, I'm being really mean here. I mean, O.K., they had a bad day. They were saying something that wasn't very nice. Does that really mean anything? Or, is this a long-term behavior pattern that they have where they want everything for themselves and they're not willing to give very much. That kind of stuff.

Three participants reported social anxiety as another long-term effect of the childhood sexual abuse.

If we were in a group situation, at a party, conversations, if I started to talk to anybody or talk to a group then I'd be interrupted or that's the feeling I had. I just didn't feel like I fit in at all. I felt very self-conscious, uncomfortable. I just wanted to avoid any situation where I would feel uncomfortable.

I didn't want to interact in the party. My chief preference was not to go at all. You just can't do that. Society obliges you to do it. I think, and in the old days, I think my behavior would be bizarre. I suppose that's what you would call it. Usually what I would do to cope with it would be to drink too much. So it's a way of almost like dissociating yourself from the reality of being there and once you get dissociated with booze you don't give a shit. I never understood, why would I do that?

One participant directly linked his difficulty with socializing to the sexual abuse.

This ritual [sexual abuse] was what passed for sort of social intercourse in the house So, I've had tremendous difficulty with socializing. Any kind of social event. I recognize that I get this same creepy, uneasy feeling. This room is a little bit small. I have claustrophobia.

At the feedback interview, he elaborated upon the problem of social anxiety.

Because I would get drunk. Sometimes it would work well in the

sense if I was not too drunk, I heard people say, "[Participant] is the life and soul of the party." I think this does relate directly back to the abuse because the tough thing about the abuse is that I'm in that situation, I can't get away, she's [sexually abusive mother] making me do something I do not want to do, I've told her I do not want to do it and she's making me do it [How does that relate to the party?] Well, I think, in the party, I have to go there. I have to be there. I don't want to be there. I would not go at all to any of these things if I was given the complete freedom of choice. When I am there, I don't want to talk. There's two ways I could deal with that. One was to drink. Sometimes it worked out very well . . . Sometimes it would go very badly because I would get too drunk and usually end up saying a lot of bad things to [wife], quite often about sexuality. I would blame her for the lack in the sexual relationship between us. I would blame her for that. That was very unpleasant. Afterwards, I would wake up and say, oh, hell, and feel terrible and miserable for weeks afterwards. . . . I went to three parties recently, two went very well. I can say to myself, O.K., I can relax, be a good person. I'm not a bad person. I don't have to act silly. I don't have to be the entertainment. I've even said to people, on certain occasions, "If you want me to be the entertainment, then I'll need another drink." Of course, during the ritual, I was the entertainment.

Sexuality

Damaged sexuality constituted another significant impact of the sexual abuse. All participants reported that some aspect of their sexual functioning had been affected. They described a damaged or unhealthy sexual self, sexualizing relationships, objectifying self and others, difficulties achieving the normal developmental tasks of sexuality, sexual dysfunction, confusion between sex and love, and sexual re-victimization. Concerns about sexual orientation and sexual aggression are addressed in the section on gender and the impact of the sexual abuse.

One participant expressed his outrage about the damage done to his sexual self. Another participant explained that he does not have a sense of what constitutes healthy sexuality. Another man described the "considerable distortion" in his sexuality.

I look back at the sexual abuse and sometimes I think that's when I get

most angry. There are other things that make me quite angry about the whole experience, too, but I think that is most upsetting because it's [sexuality] about something that's very, very personal and something that's very, very integral to myself and to everybody and to have that damaged and hurt or confused is really upsetting. Somebody has done something to me at the very core and heart of my being as a person and it's just like, don't do anything to me, but when you do that to me, I'd just like to strangle you. That's when I get most pissed off, when I think in that kind of way.

Part of the difficulty I'm having is that when I think back on my previous experiences, all the things I have been a part of one way or another, I think the term that [therapist] used was healthy sexuality. I don't seem to have a sense of what healthy sexuality is.

Big impact. You see what he did was cause a considerable distortion in one's sexuality. It's like a bug on your hard drive that you can't erase.

Three participants described a propensity to sexualize many non-sexual relationships.

I relate this very directly to the sexual abuse experiences while I was growing up. This whole thing of sexualization of relationships. Instead of seeing a human being who's there. Seeing a person who is a sexual object. And being fascinated by that and yet repulsed in another sense I'd see somebody come into the [workplace] or a meeting, feel immediate sexual attraction and begin to fantasize about that person.

It seems to be as though whenever I met men, I immediately went into a mode where I wanted to sexualize the relationship. I wanted to, at least, make possible a sexual connection or a relationship connection. I tended to think of it in sexual terms, explicitly sexual terms.

For a couple of the male survivors, the propensity to sexualize relationships resulted in numerous superficial sexual contacts, beginning in their teenage years and continuing into adulthood.

As a teenager, in mid-teens, I was quite promiscuous in the sense that I would pick men up, let older men pick me up. And I would service them sexually. I was aware that I was being used. That I didn't really mean anything to them. I felt like a whore.

I don't know why but I started wondering. I had a beautiful, loving wife at home, why was I going out and doing the things I was doing? I had a string of affairs. I don't know. They weren't consistent, but I guess they were every 13 or maybe 18 months, even just a one-night thing. Although it was usually a lot more than that. There again, never emotional, just physical.

The sexualization of relationships included a component of objectifying others and self. One man became conscious of the way in which he sexually objectified others, especially women.

Well, I did view her [sexual partner] as an object. I viewed her as his plaything and as long as they [sexual partner and her husband] involved me or allowed me to be involved either with the two of them or with her, she was my object as well. And, without restraint. And, it seemed the kinkier, the better I guess what I started realizing was that not only in that relationship, but in other relationships, other than my married relationship, when I had been going out and looking for people, I wasn't looking for personalities. I wasn't looking for any emotional context at all. I was looking for breasts and vaginas and backsides. And that's all.

He revealed, too, that he had been sexually objectified by his female abuser.

For awhile with her, as an abuser, I had the sense that the only thing I was good for was the way I used my mouth.

One male survivor explained that his propensity to sexualize relationships with men reflected his belief that he must be sexually available for others, and a need for him to seek affection from others. During adolescence, he engaged in numerous casual sexual relationships with older men. He wrote on the feedback document, "I felt that to form any kind of relationship, I had, in some way, to be accessible sexually."

I use the term "come across" wisely with the men, when I was a teenager. I wanted a little affection, a little, not even affection, attention. I wanted a little attention. Or with my mother, if I wanted attention, what did I have to do? I had to come across sexually. And I had to pay a really big price. In a way, that's part of my whole view of life. I'm just convinced that I will always have to pay the full price, whatever that happens to be.

Too, he suggested that his unsafe sexual practices during the numerous sexual contacts may have reflected a form of self-destructive behavior.

I also got really scared that I was really trying to kill myself some way. I was working towards trying to kill myself, even with sex. Like towards unsafe sex practices. I knew all the dangers but I was really heading that way. And I knew and I thought, God, what are you doing? Are you really trying? Do you really want to die? Because that's what it is. That really scared me.

Another male survivor explained that underlying the sexualization of relationships was his belief that some aspects of his "unhealthy" sexuality were not acceptable to express in his marital relationship. So, he engaged in numerous extramarital sexual contacts.

Even with her [his wife] I could go only just so far. We have a fairly active sex life and yet, there are things that I had experienced that I couldn't share with her. So I looked for those things someplace else . . . Those were things I couldn't do with somebody that I loved or someone who loved me.

One participant described how he attempted to avoid sexualizing relationships. The result, however, was that he distanced himself from potentially gratifying non-sexual relationships.

I'd get so bound up in that [sexualizing relationships] that I couldn't unhook myself from that and I'd want almost immediately, in some cases, to have a relationship with this person whom, in some cases, I hardly even knew. At other times, I'd do the exact opposite. To begin to do that and say, oh, God, I'm not going to do that. That's just not helpful. Then begin to distance myself from that person and want to stay away from him and/or her. So, just begin to put up a kind of wall there. And, not be able to find out who this person really was, likes, dislikes, interests. Whatever the normal stuff that you would do in any relationship. It seemed to go between those two extremes of either doing the one, fantasizing and almost possessiveness vis a vis putting up a wall and trying to stay away from that person as much as I could so that I didn't begin to get possessive.

In contrast to frequent sexual activity, one participant reported a tendency to be sexually withdrawn in his marital relationship.

For a long time, the sexual side of our marriage was poor. I have no difficulty in saying to you that I must be certainly, one of the world's worst lovers. I don't think I ever made love to anybody. I just go through the mechanical process of sexual intercourse and I do not enjoy it The damage, I think, that has been done to me meant that really it was no major consequence to me whether we had intercourse or not.

Two male survivors disclosed another impact on sexuality, that of experiencing or being preoccupied by troubling sexual fantasies.

The fantasies, I'll maybe deal with that first, because that was the first thing that I noticed. That I could link to the ritual.

I sort of pursued these little stories as fantasies for awhile and then I thought, my God, what are you doing? You are really messing up your mind with these fantasies. I thought I was doing something to my sexuality just the way I was functioning sexually by having these weird stories. And, I consciously stopped them. No more. You've made these up. No more. It's messing you up.

Both participants who were preoccupied with fantasies seemed to have forgotten or repressed the childhood sexual abuse, and later discovered that the sexual fantasies were, in fact, reenactments of the child sexual abuse they suffered.

I'd think, God, send me to hell if I ever do this again! If I ever masturbate on that subject again. If I went three days max, the tension would be so enormous that I would have to masturbate on that issue again. And always the same issue. Oh, I would say, 99% of the time, were always fantasies associated with that ritual The thoughts, the feelings, the constant repetitious dwelling on this what I now call the ritual. Always the same thing. Always the bedtime scene.

And, of course, then the other ones [memories of the abuse] came back. When I look at the fictions [sexual fantasies], in a way, it was empowering. In a way it was devastating to find out. The dynamics in them exactly paralleled the abuse. And yet they were totally fictional. I had no consciousness that I was trying to do something parallel with them at all Yes, it was really shocking to find that they were so close to what I remembered had happened. Take away all the fictional parts of it and there it is.

One participant reported concerns about sexual dysfunction. He

explained how difficulties in the area of sexual arousal and response were linked to the childhood sexual abuse.

So, I think for awhile, well, even now, I feel much more competent orally than I do in intercourse. I think part of it is because of the laughter [of his female abuser during the sexual abuse] that I can remember There are times when it gets in the way. There are times when what I would like more than anything else and what my wife would like, is intercourse. Sometimes I feel unable and it's partly because I feel more competent orally than I do in intercourse.

During the feedback interview, this participant elaborated on how the childhood sexual abuse had affected this aspect of his sexual functioning. Moreover, the problem of sexual dysfunction had negative implications for his relationship with his wife.

Because of the abuse, or about the same time that I had flashbacks, I became impotent. So, the last two and a half, three months, I was on testosterone, hoping that it would help things and it didn't. Just in the last couple of days talking with my wife about sexuality, about intimacy, I guess I received a little bit of a shock. I said in here, that until I re-read it today, I'd forgotten that I'd said that. That I was more competent orally than through intercourse. I think part of that stems from some of the abuse. I've had trouble with the impotency and I have felt like as long as I could still make love manually or orally, that there was still some real level of sexual intimacy. I guess I had started to realize that I was really relying more and more on the oral sex and my wife told me that in the whole time we've been married, and that 23 years, she has never enjoyed it. That she went along with it because she knew that I enjoyed giving her oral sex but that she never had liked it. When I did it with her, she felt powerless and used and just like I had felt with the one older girl who had, more than anybody else, had made me feel helpless, and afraid, and used. I feel like I've lost some level of sexual contact with her and I also feel like she has identified me as an abuser When my wife and I started talking about the impotence, she asked me how long I thought it had been. I told her there had been a real decline in about a year and a half. Her perception was closer to three years, maybe five years and that was quite a shock. Both time frames would kind of fit with other things. Five years I was at a point where I felt really guilty about the affairs that I had had before.

As another aspect of damaged sexuality, two men identified confusion

about the meaning of sex and love in an intimate relationship.

It was really confusing to me. But, for awhile it was a continuation of I've got to separate love from sex. It's O.K. to have sex, but when you fall in love you can't do that. Kind of twisted, convoluted, or I don't know what the word is. Confused.

Maybe I was a little too young and not being able to understand it. Yet, because I guess I'd enjoyed it at the time that I didn't feel it was abuse. I didn't realize that it had maybe influenced the way I'd felt from then on. I didn't have the right tools. A loving relationship and a sexual relationship, love was one thing, but love and sex were different. I didn't know what it was to make love. I was just interested in sex.

Sex within a loving relationship had various and confusing meanings for one man. For him, sex was perceived as "bad" or "wrong"; sex was equated with love; and, sex was used as "performance" to enhance his self-esteem and to please his partner. Now that he has begun to deal with the sexual abuse, he is more interested in integrating sex within a loving relationship.

I felt that I had fallen in love with her [his wife]. I felt I didn't need sex to make it good, yet, I did. I wanted it, but yet, I felt that maybe sex would ruin it. Right from the beginning, I felt that as soon as we started having sex that it was going to end.

It was just something that I did that made me feel good, or made my partner feel good. My relationship was built more on sex than love . . . A performance. Something I felt I was good at.

Now that this has all come through . . . I'm more interested in developing a loving relationship. Sex becomes a little less more important.

One participant suggested that the impact of the sexual abuse on his sexuality interfered with his ability to parent his children around the issue of sexuality.

It's difficult to try - - to raise kids with a sense of - - respect for individuality and sexuality, in a mature way, when I'm not really

sure that I have it myself I was just going to say that, if anything, that maybe I have been overprotective Wanting to protect them from the same kind of environment and the same kind of influences and wondering if I've been overprotective or if I have gone the other way and not given them the protection Is our sitting down with them and talking about sex or about what it is for a girl to start menstruation, all those things, I wonder if I'm doing enough or too much? I sometimes sense that my greatest fear is that I'm doing too much.

Half of the participants experienced sexual victimization during adolescence and adulthood. The childhood sexual abuse seemed to have made some men vulnerable to further victimization. During adolescence and young adulthood, the homosexual survivor experienced gang rape and numerous casual sexual contacts with older men.

Fear of being set up, really high. That actually was the key memory of my sexual abuse. That first came to me, not quite two years ago. Which was something that I thought of as a precocious sexual experience. When it came to me, and the one that I had always remembered as such, but when it actually percolated back then, I realized that I had been set-up and raped. That's come back as a theme.

Also, he reported that he was unable to protect his boundaries with female friends who seemed to violate his physical and sexual boundaries (e.g., kissing, holding hands). He experienced the violation by the female friends as similar to the violation he experienced with the incest perpetrated by his mother.

I would panic inside, I would try to pull aside. It used to spoil my times with them [female friends], because the moment we met I was planning on how do I get away without kissing them? How do I get away without holding hands? I'd go around with my hands in my pockets. I would wear layers and layers of clothes so I wouldn't get too close. I would go home and have a scalding shower and throw all my clothes in the laundry if they got really close and their perfume was on me and all this, just with these women, not with any of these others. I just thought, what on earth is wrong with me that I am having this reaction? . . . I had to get clean. I felt dirty. I felt violated. I really did But, then at least, I understood what it was. It was

such a relief to realize that. I realized that these women had a lot of resemblance to my mother, emotionally. One of them had a name starting with M and two syllables and I found myself once, wow, saying, "Mother." And she was older too, so. And I thought, oh God, that's an interesting slip of the tongue.

The participant's awareness of his own discomfort did not mitigate his tendency to feel guilty about his reaction to these women.

I went through so many guilt trips, just even in trying to assert my boundaries with those women that I mentioned. Because it seemed wrong. What are you doing? All they want is a little attention, a little affection, well, I can give a little, but don't ask me for too much. The moment she tried, what are you doing, what is it? I felt as violated then as if it had been totally sexual.

In response to the previous quote, the participant wrote on the feedback document, "Note even here I basically take on the guilt of possibly making them feel rejected when in fact it was my boundaries being violated!" Also, at the feedback interview, this man disclosed that as he had been completing the Background Information Questionnaire and counting the number of offenders, he had been disturbed by the number of times he had been sexually victimized. The high number of incidents of victimization prompted him to wonder if it was believable, if he believed himself, and if others would believe him.

That I found really hard to take, that number. I was really conservative. I haven't counted any of the men I used to pick up when I was a teenager. Where I was trying to get away from things and looking for some kind of affection or warmth. I didn't count any of that stuff at all When I see the total I can't believe it. That's the difficulty. Yet, if I literally go through incident by incident and person by person and I can't doubt each individual incident. If I just look at that total, or try and take more than one or two or two or three together, it just overwhelms me. It really does. And it makes me say, I must be lying. I must be making this up. God, I should be past thinking that kind of stuff because some of the memories are crystal clear and some of them have been confirmed. All of my memories around the incidents are so damn accurate that there is no reason why they can't be I just find it a really troublesome thing. I guess

maybe it is a worrisome thing. If I were just to say to anyone, there were 28 or 30 people who abused me, they wouldn't believe me. And that means they would even disbelieve the most solid memories that I have. That might cause someone to disbelieve any part of my story. I know that I put myself through the third degree and have for any one of the incidents or memories that I've had before I have mentioned them. And some of them I haven't even mentioned yet, in group, or to [therapist] or to you or to anyone. And I know how much angst I put myself through just to even arrive at - - can I even look at this as possible?

Two heterosexual men described feeling victimized, as adults, in sexual relationships with women. The issue of sexual victimization for these two participants is explored in more detail in the section on gender and the impact of the childhood sexual abuse. Briefly, however, one man described how he experienced most of his sexual experiences with females as severely distressing. He felt "raped" in many situations.

The moment a sexual relationship entered that [friendship with a female], within five seconds, that was it. End of relationship I couldn't stand her. I was terrified of her I would become physically ill. I would go into - - just massive depressions. I would just be gone. I would be absolutely terrified of her. I wouldn't want to see her. I wouldn't want to speak to her It was a consistent pattern every time The other element of it was that in most situations, my perception of when the partner and I had sex, it was rape.

Another man related his experience of victimization, as an adult, during an extramarital affair with the woman who had abused him when he was a pre-adolescent boy.

At that time [of the extramarital affair], I think the abuse had something to do with it because she [abuser] had that control on me. It brought everything back in a real flash. This really tore me apart This is not me. I don't know who I am, but this is definitely not me. I don't want this. This is wrong. And, it was wrong way back then. And they're [abusers] doing it to me again. I thought, like at the time [childhood sexual abuse], I guess, I don't know what I thought, maybe, this was all right, it was an experience, or whatever. But, when it happened again, and it was just no, this isn't right. I shouldn't have

done this. I wish I hadn't done this. I wish I hadn't done it. [I wish] it hadn't happened to me way back then. I just knew it was wrong.

Spirituality

Most of the participants commented upon the relationship between spirituality and sexual abuse. The childhood sexual abuse negatively affected spirituality. Religious beliefs exacerbated the impact of the sexual abuse. In contrast, religion provided acceptance for one participant. Two participants indicated that the sexual abuse had a direct and negative impact on their spirituality.

The other thing I would comment on is the whole aspect of spirituality and my relationship with God. The more I look at it [spirituality], I think it has really been seriously affected by this whole thing [sexual abuse]. Up to three or four years ago, I don't think I had a very open concept of God. I think it was very closed and it wasn't very broad. Not meaning that I didn't think about it in a broad sort of fashion. I did. But, it just didn't really mean very much to me in a personal kind of fashion. So, for example . . . I could talk about it and I think the concepts were good, but they just didn't mean very much to me personally. Whereas now, I think there are lots of parts of that are very much rooted in personal experience such as spending more time meditating, reading scripture, thinking about God, and how God applies in my own personal life. And that's really very, very important to me nowadays. And not to say it wasn't before, but it just wasn't very rooted or integrated. That's still a pretty growing area for me.

The other male survivor reported that he was unable to attend church because he experienced claustrophobia. Also, the religious ceremony reminded him of the manner in which his mother verbally ordered him during the sexual abuse.

In religious things, I have a great deal of trouble with Christianity. I don't like going to church because of the claustrophobia. I don't like going into a place where somebody says, "Stand up." It's the ritual [the sexual abuse]. "Stand up. Sing this gobbledygook," whatever it is. Can't sing anyway. Can't read very well. You must read out loud what is says here. You must listen to whatever they read out of the bible. You must listen to their interpretation. I can't stand up and

say, "Garbage! I don't agree with that!" I can walk out as I have done a couple of times when I've disagreed.

Moreover, he rejected circumcision as part of religious ceremonies because it reminded him of his mother's threats to cut off his penis during the sexual abuse.

Gentle Jesus meek and mild, gentle as a little child. For Christ's sake! When she's doing all this stuff to me! She will not accept that I am male. When I was little, threatening to cut off my penis. Talking about circumcision. Then there's all this circumcision to do with the faith. I'm sure she didn't know anything about the Jewish ceremony. She would have loved that. Little girls standing watching little boys being circumcised. She would have absolutely delighted in that, I'm sure. Perhaps she didn't know anything about it. You see that all relates in because you are who you are through all of these things, your spiritual connections Circumcision itself is almost like a sacrifice to some irascible male deity, which is nonsense. I've found out quite a bit about that because it's such an emotional thing for me. I refuse to have my son circumcised. I think it's a grotesque mutilation and should be abolished in my opinion. So it's tied in with religion and sexuality.

At the feedback interview, this male survivor commented upon the previous quote, in particular, his choice of words to express his feelings about spirituality.

I am expressing those kinds of views in quite outrageous language. Although I don't really like the language I've used there, [but] it does reflect my true sentiments about it. Perhaps not very well focused.

For another participant, religious beliefs seemed to exacerbate the impact of the sexual abuse.

[Did those sexual experiences have an impact on your spirituality?] I don't think I ever made a connection between the two but again it follows the rule . . . it ties into the idea that sex was bad and God would punish sexual activity. Because I could remember the rule being that after sexual activity or masturbation, there would be a price to pay. So something negative will happen down the road as a direct result of sexual activity punishable by God. So there was that one. That relationship there. Sex was bad and God would punish you.

In contrast to rejecting religion or religion exacerbating the effects of the sexual abuse, the homosexual participant turned to religion for acceptance and safety.

[Are there any other ways that stand out in your mind that you feel ways in which the sexual abuse has affected you?] The feeling, not just of unworthiness, well, being totally dirty. I was an adult convert to [Christian religion] which has a very basic tenant that mankind, by original sin, is totally unworthy and it is only through grace, so it's that type of Christianity that it's not through anything you do. That really appealed to me I was in first year university when I joined that church and there was certainly a big appeal for me. That I was totally unworthy and at least this religion gave me some kind of hope. I think it was useful to me for that. I felt, probably quite guilty, I think, about being gay, for one thing. But more than just the gayness. I really felt totally unworthy and sinful There was probably a social aspect of it as well. It allowed me to have certain kinds of relationships. You know, general, with men and women. That was, maybe, a safe environment because it was structured to be moral. So theoretically, no one was going to use me in that situation. I was going to get some kind of basic human respect.

Still, he felt alienated by the religion's emphasis on family. He was sexually abused by both parents.

I felt that a lot of church things were just too family oriented and it just didn't speak to me. Sometimes I knew what that was. [You knew what?] That the family stuff, because of the incest . . . I'm terribly for good family values, but not all of us have them. And [that] turned me off. [So you felt isolated in that community in those ways?] Yes. They didn't really have a sense of reality about things. I think they treat singles badly anyway, unless they're headed for connecting up with some girl and getting married. I think even older singles, unmarried women or people who have been divorced or widowed, I think they probably have a fairly tough life. And that there aren't a whole lot of needs that are met by those organizations. But, yes, I have to say it's almost like a little spike in my heart when I think of the family things that they keep pushing.

Summary

The data suggested long-term effects of the childhood sexual abuse in the areas of self functioning, affect regulation, memory, interpersonal

functioning, sexuality, and spirituality. Long-term effects in the area of self functioning included a damaged sense of self, a compromised sense of self-in-relation to others, body image problems, low self-esteem, lack of self-confidence, and feelings of guilt and shame. Long-term effects in the area of affect regulation included depression, anxiety, and problems accessing and expressing affect. Memory problems included an inability to remember one's childhood, and difficulty remembering relevant information and recent events during daily living. Interpersonal functioning problems included submission in relation to others, self alienation in relationships with others, negative expectations about others, a lack of relationship skills and knowledge, and social anxiety. Long-term effects in the area of sexuality included a damaged sexual self, sexualization of relationships, numerous casual sexual contacts, withdrawal from sexual intimacy, troubling sexual fantasies, sexual dysfunction, confusion between the meanings of sex and love, and sexual victimization. In the area of spirituality, the childhood sexual abuse negatively affected religious beliefs; conversely, religious beliefs exacerbated the impact of the abuse, and religion provided acceptance.

Gender and the Impact of the Childhood Sexual Abuse

The results are presented according to six themes identified in the data analysis. The themes are: 1) gendered long-term effects of the childhood sexual abuse; 2) the cultural construction of traditional masculinity exacerbates long-term effects; 3) sensitization to the cultural context of abuse and other gender issues; 4) the perception of sexual victimization during childhood and adulthood; 5) the role of childhood sexual abuse in sexual orientation; and, 6) the role of childhood sexual abuse in sexual aggression. Within each theme, I refer to aspects of the

participants' personal constructions (i.e., meanings) of masculinity while describing the role of gender in the impact of the childhood sexual abuse.

Gendered Long-Term Effects of the Childhood Sexual Abuse

The childhood sexual abuse seemed to contribute to long-term effects that contained a gendered component or meaning. Such gendered long-term effects occurred in two main areas - the masculine self and male sexuality. Some evidence illustrated how the childhood sexual abuse interfered with the developmental tasks associated with the formation of the masculine self and the maturation of male sexuality. Also, the gendered long-term effects in these two areas seemed to exacerbate or contribute to other long-term effects such as distorted body image and relationship problems.

Disturbances in the sense of self as masculine constituted the first major area of gendered long-term effects. Four participants presented with one or more disturbances of the masculine self. Three participants explicitly stated that they experienced problems with their sense of self as masculine. They felt inadequate as men and/or perceived being failures in living up to the cultural construction of traditional masculinity.

[Some male survivors talk about their sense of themselves as a man and their sense of masculinity, that the sexual abuse has had an impact in that area?] Yes. I've got that. That is a major, major thing that I couldn't have identified without that direct question. But it is a major thing. Even now that I'm 53 years old, I find it hard to think of myself as a man. Because that inner child has been agonizing all these years and the constant, repetitious abuse of the inner child through the fantasy, even though I made this protective mechanism to protect the child. The real essence of it is that the inner child is so close to the surface that the masculinity of the man is masked. Almost to the point of being destroyed.

I wasn't so much worried about masculinity as much as maleness. Masculinity is macho stuff and I just wanted to be male. But, I wanted to be a male who sang. I didn't want to be negated. So I chose to be a

non-entity. I wasn't going to draw any attention or focus to me. I wouldn't be noticed. And to go into those things [singing], I would have been noticed. I would have been the odd person out. Things have changed quite a bit, fortunately . . . but . . . I would have been the odd entity . . . and I didn't want to be odd. I was odd enough as it was.

One male survivor was less sure about how the childhood sexual abuse had affected his masculinity.

[How do you feel the sexual abuse has affected your sense of what it means to be masculine? or your sense of what it means to be a man?] I don't know if I feel less of a man. If anything, the only thing I felt [was] a weakness. Maybe in that way I felt less of a man. I didn't have the self - - a real sense of self, or I didn't feel strong, but yet, I didn't really feel less of a man, I just didn't feel strong. I don't know how that goes together.

There was evidence to suggest that childhood sexual abuse may have interfered with the developmental task of forming and valuing one's identity as a male. For one male survivor who was abused by his mother, the childhood sexual abuse contained a specific component of devaluation and denigration of his masculinity.

My mother was really upset and she told me countless times when I was a kid how bitterly disappointed she was because I wasn't a girl. If I had been a girl I would have been called [Name]. As it was, according to her, my name was chosen for me by a delivery nurse. So she was stuck in a foreign village with a child of the wrong gender She was also doing this ridiculous thing about making me into a little girl. Right throughout my childhood she put girls on a pedestal and she was forever harping on these things.

He noted a connection between the sexual abuse and the development of his identity as a male during childhood.

The question you asked me before about masculinity. I can remember, undoubtedly as a result of what was happening, my mother's attitude and all that kind of stuff, wishing that I was a girl when I was about 10 I can remember sitting at the piano bench and there was this material on the bench and I used to rub my hands on it to get the circulation going so I'd do this [demonstrates]. Sometime I would imagine I was smoothing out a skirt. I would

imagine that I had long hair. One teacher I really thought that she was fantastic. I wanted to be like her.

During adulthood, he explained that his feelings of inadequacy, as a man, were exacerbated by the image of the traditional male in North American culture.

So, in the hot springs, and of course the big thing there is swimming. There's all these muscular, hairy-chested, gelled he-men, strutting their stuff all over the place with their macho swim-suits and everything. And here's the skinny little wimp of a guy How does that relate to my feelings about myself as a man? It all links because we live in a culture where image is so damned important. I think it is probably even worse for women. They're supposed to look like people in the fashion magazines. Well, it's the same for guys, too. I mean you don't see too many guys like me modeling underwear [laughs]. Absolutely not. They're all kind of brawny guys. [So you feel those pressures, too?] Yes, of course. Added with this kind of garbage that came from my past and the fact that the inner child is so close to the surface and the fact that I don't even feel confident or comfortable being called Mister. Obviously, the damage is pretty profound. And I recognize that.

During the feedback session, he clarified that he considers himself to be male, however, his sense of masculinity has been compromised.

In thinking of myself as a person I don't think of myself as masculine. I'm not gender-neuter, either. I'm definitely male. I have no ambivalence about that despite my mother's oft-expressed wish that I should have been female and despite the fact that as a boy I used to want to be female I'm not what my mother wanted me to be - - I am male.

Childhood sexual abuse also appeared to interfere with the developmental tasks associated with the formation of the masculine self for another participant, but in a different way. A heterosexual survivor, abused by a male offender, looked to the cultural construction of traditional masculinity to help him to define himself and to protect himself from victimization. At the feedback interview, he explained:

This popular, very stereotyped [male] image there. It's sort of saying I

could copy that person or model that person. [How did you come to value that? That that was important to copy that person?] I guess I had no sense of myself, no identity of my own. It's like when you go to a different country or a new party, and you think, what's everybody else doing here? That's probably what I should do to fit in. So, I think I took my cues from these people who seemed to be fitting in and getting along and not being victimized and maybe if I did that, I would be able to survive.

Still, he seemed to have homophobic concerns. For example, he worried that others might perceive him as "odd" in comparison to the "ideal male" stereotype or they might "question" his sexual orientation. Consequently, he avoided the pursuit of his personal interests which he perceived to be antithetical to the cultural construction of traditional masculinity.

[Are there any other ways in which those sexual experiences have affected you?] The choices that I made regarding my personal interests. I deliberately avoided things that, although I had a great love and interest in them, [I] worried would put my sexual orientation into question. So I had to become super straight, not macho, but I had to become invisible. I love to sing. I live to sing. I could never join a choir because, imagine me going to a university or high school choir. Males don't join When I started into my 30's or so, I decided that I felt secure enough to do what I wanted to do [Prior to his 30's] I had no confidence in myself, to say, "These are my interests, these are my loves." It never occurred to me to seek out male role models who were in these things because they did not meet the ideal. They were too threatening to me. Because there was always that tension there. So I could never be with the five or six guys who did love to do arts because they tended to be more feminine, or they tended to be scorned, and I didn't want to be identified with them.

At the same time, he seemed conflicted about embracing the cultural construction of traditional masculinity. For example, he rejected aspects of traditional masculinity like striving for power and status.

Anything along the lines of power, the sense I could fairly easily move through the ranks of my career, but each one I see as the next level of male-dominated. It's a male thing. So, I don't. I'll actually work the opposite way.

At the feedback interview, he seemed to be less influenced by homophobic

concerns.

I had a real worry about what other people were thinking. I remember giving a gift to someone, a male friend . . . I had gifts sent to him . . . and when he received it, I suddenly realized how that could be twisted. That really bothered me. Now I look back, and I thought, nobody probably noticed that, and he thought, probably isn't that nice, of course we're friends? But at that point I was so cautious about every single thing that I suddenly realized I overlooked that my giving a present to him could be misinterpreted.

A sense of the masculine self as odd, destroyed, masked, or weak seemed to exacerbate other long-term effects. For example, one male survivor reported problems with body image as a long-term effect of the sexual abuse (e.g., he had difficulty accurately perceiving the size and appearance of his body). This long-term effect seemed to be worsened because he highly valued more traditional views of masculinity. He perceived his body to be "physically inferior" in comparison to the "stereotype of the male body."

Because they [friends] might go skinny-dipping or they might lie around the beach, nude - - I couldn't do that. [Because?] One, I think it would be humiliating, from the point-of-view of my physical inferiority would be very obvious in that situation. [Meaning, your physical inferiority?] I would not meet the stereotype in my mind of the male body and therefore - - I would be the little boy on the beach with the big men and there would be a juxtaposition. It would be very uncomfortable for me.

In the feedback interview, he clarified what he meant:

The way the quote sounds, it almost sounds like penis envy and that wasn't it. It's more of an inferiority, a gangly, defenseless, disproportionate, awkward, unpleasant appearance. That's more of what's unappealing Skinny-dipping is really exposing yourself. That's not necessarily exposing yourself in a sexual way. You can hide some of yourself by being dressed up and who you are a little bit.

His perception of himself as defenseless influenced interpersonal relations with other males. He avoided other men because he perceived his

masculine self as physically inferior and other males as physically threatening.

I remember a situation last summer where, had the physical arrangement been different, I wouldn't have done it. But, just given the physical arrangement, I had my back against the wall, because I was just leaning against the wall looking out the window. These two guys came and stood, who were in my class, one on either side of me. So I leaned to the wall with one here and one here. I immediately intellectualized and I just went right off the deep end, I went into the deepest and they, couldn't have been a minute, left Physically left because they didn't want to get into a conversation like that If someone had said, "Why are you doing this?" I probably didn't know why I was doing it at the time. But, I was so conscious of doing it. After the fact, why did I do that? Because I felt badly. I thought they were approaching me, I would assume in a friendly manner. And I sent them the other way They were a threat. Maybe if we had been in the middle of the hall or something or we'd be sitting down, they may not have been a physical threat to me at all. But my perception was that they were bigger, and more powerful, and so on, and therefore, they were. In fact, I may have been taller and bigger than they were.

He admitted, too, that his perception of himself as defenseless and other males as threatening would have prevented him from participating in the present study if the researcher had been male.

The very idea of being in the same room with another male, like 4 years ago, was impossible. Like if [male therapist] had phoned me four years ago and said, "Dean Smith is doing a study," there's no way [laughs], no thank-you! [So it made a difference that I was female?] That's the only way I would have done it. Had you been a male I wouldn't have done it. Or, if I felt pushed to do it, I would have been really guarded and I wouldn't give you what I thought. I would have held something back. But, I don't have that threat [with a female researcher].

A compromised sense of masculinity contributed to other long-term effects in the area of interpersonal functioning. A poor sense of masculinity influenced parenting for one male survivor who referred to himself as "shy," "nervous and emotional," "weak" and "less of a man." He revealed

that he was concerned that his son, but not his daughter, was acting in ways that he had when he had been a boy.

I was afraid of making them [his children] like I was. I didn't want them to grow up and be like I was, because I felt that I wasn't - - right. Especially my son, if he acted in any way like I thought I acted when I was young - - [Acted like what?] Being withdrawn, or not wanting to take part in things, or being shy. "Don't be like that. Come on." I'll push him out the door, trying to get him to fit in because I was afraid that he was falling in my footsteps.

In order to hide, protect, and rebuild a weakened sense of masculinity, one participant adopted an aggressive and manipulative stance in relation to others. As a result of the childhood sexual abuse and an incident of betrayal by his football coach, he stated that he felt "belittled" and "emasculated." His choice of words suggested that his sense of masculinity had been challenged and weakened. Consequently, he approached others in aggressive or manipulative ways. He explicitly implicated his personal view of masculinity as more traditional as a determining factor in his aggressive and manipulative behavior:

It was regaining, for me, part of the macho stuff that was taken away from me, or that I felt was taken away from me, when I was belittled and emasculated - - It was an opportunity for me to reassert myself From my perspective now, looking back, I think there was a link, because both things, in a way, are tied to a power base. The power people exerted over me in the abuse, the power the coach exerted over me as the coach, the power that I continued to assert over other people, or claimed to. So I guess that's part of it. Being belittled in both the abuse and the experience I had with the coach.

In a different way, another male survivor described how he compensated for his feeling a "weakness" as a man. He tried to live up to a cultural construction of traditional masculinity by attempting to attain wealth and status.

I had goals for myself. I had to have so much money, I had to have a certain status by this time in my life. I should have been very

established and I had to be better. I had to overcompensate for the way I felt about myself. I had to show people that I was better. That I could make something of myself. I could be a certain way I always felt pressure. It didn't matter if there wasn't some outside force on me. I made it myself. I never felt any time when I didn't feel pressure.

During the feedback interview, he confirmed his meaning in the previous quote.

As far as the gender issues, I would say it was a problem as far as the masculine role. I had trouble fitting that. Not the feeling of being homosexual. It was not feeling that I was fitting the masculine image. Caught in the middle, not feeling like I wasn't a man, but not feeling that I was a man.

At the same time, this participant reported no problems with his sexuality as a man.

As far as sexually, I never felt unmanly. I felt, in that respect, that I was able to satisfy my partner. I was in that sense, manly. I never felt inadequate in that way.

The second major area of gendered long-term effects were problems with male sexuality. Three participants described problems with feelings of inadequacy or confusion about their sexuality, in terms of maleness. Two heterosexual men stated:

Because the essential preoccupation is not with a normal, healthy relationship. I mean it doesn't matter what kind of relationship it is, whether it's homosexual or heterosexual that you have with another person. The normal situation that we all should enjoy, that is a proper relationship with all the emotions in full flow and proper physical contact and proper sexual intercourse. I think that all of that has been denied to me because of all this stuff that's there. And I can't feel those things properly so that does relate back to the question you asked about my image of myself as a man. I've also got to be able to reckon with her [his wife] as a woman properly in order for me to be a proper man, if you see what I mean.

I always saw male relationships as having the potential for sex. There's again a distortion there that male relationships often had some sexual tension or overtone to them. That doesn't exist with

females. And yet, the reality is that it's the opposite for my situation, right? The reality, generally in our society, it's male-female who have the sexual tensions and same-sex are friendships, relationships, companionship. And that sexual tension supposedly doesn't exist. Right? For me, it's the opposite.

Data from two participants suggested that the childhood sexual abuse influenced the developmental path of male sexuality. One heterosexual survivor, sexually abused by his mother, reported that he became preoccupied by troubling sexual fantasies that were reenactments of the abuse. For example, he had thoughts of being undressed in front of a little girl in his neighborhood. During adolescence, he felt the fantasies were atypical and this concerned him. In his words, "I knew that wasn't right. I mean I was supposed to be admiring Marilyn Monroe in those days." As a young adult, entering marriage, the sexual fantasies prevailed over what he considered to be typical male sexual fantasies.

If you're going into a marriage, for example, with all these bizarre thoughts that are so shameful you couldn't even imagine. My wife, she's still a very attractive woman. If she and other women have no magnetism for me at all, and that's not true, that's not true to say they have no magnetism for me at all. None in comparison with the feelings that I get all the time from the aftermath of the ritual.

During the feedback session, he confirmed that the influence of the atypical fantasies extended into young adulthood, and consequently affected the developmental task of forming intimate relationships with women.

So therefore, when I became a young man . . . the way I reacted to women was not normal [How were you reacting to women that wasn't normal?] Partly because the things that aroused me about women were the things that related to the abuse. The things I would focus on, whether or not a woman was wearing a bra, that was a very important thing to be able to discern. I think, maybe people are interested in those things but not with this sort of fixed [way] The very fact that certain ways they [women] might look, certain body types, would definitely trigger the fantasies. Particularly women with small breasts because my mother would actually say at times, she would say, when I was objecting, "She's not a girl, she's a young lady,

you can see she's turning into a young lady," referring to breast development. It all does get very, very confusing for a young person coming into adulthood and looking at the world from this very distorted viewpoint which now makes me very angry the way in which it, in fact, very far from trivial, was a major disruptive influence on my own sexuality and the way I see women and masculinity as well.

Similarly, another heterosexual participant reported that he began to question the adequacy of his sexuality as a male during late adolescence and early adulthood. Because of the childhood sexual abuse, he felt "the only thing I was good for was oral sex, either for males or for females, and that my penis didn't count for anything." Consequently, in the aftermath of two failed relationships, he worried about whether he was "man enough" in a sexual way.

She [his former girlfriend] had only been dating him for a couple of months and she dated me for almost 14 months. And I wasn't the conqueror in any way, the victor. [The victor, in what sense?] Sexually with her It was like she was telling me I was good enough for everything but intercourse. Because, almost as soon as she quit going out with me, she went out with this new guy and had sex, not only with him, but with his best friend. That was kind of hard to take. [Because it?] For me, it was a slap in the face. I hated him. Not so much because he was a football player but because somehow he was able to be more intimate with my girlfriend in a shorter period of time than I had been able to in a longer one. [In a sexual way?] In a sexual way. And, that was followed by another similar situation.

In contrast to these participants, two participants, one homosexual and one who was undecided about his sexual orientation, did not explicitly or spontaneously identify problems with their sense of self as masculine or male sexuality. Rather, both seemed able to identify themselves outside of the cultural construction of traditional masculinity. The homosexual survivor seemed to access a personal construction of masculinity associated with being gay.

[Did that follow up in anyway into adulthood, your sense of masculinity, or your sense of yourself as a man? Have you ever made a link between being sexually abused and any feelings or thoughts you have about that?] Not with regard to the abuse. I'm always conscious of the fact that I'm gay. I don't think I try to portray a big machismo type of guy. I think that would be ridiculous trying to do that. It's just not me.

The male survivor who was undecided about his sexual orientation seemed to subscribe to a personal construction of masculinity as less traditional.

So, I look back on gender issues. If anything I never felt very comfortable with all the usual kinds of male things that I saw around me when I growing [up]. [Yet], as a kid and as I got older, too, I did the sports thing. I did the hunting thing. And all the rest of it, which was quite common in our area for young males to do, but I never felt comfortable with it. I didn't enjoy going out and beating up on somebody in a hockey game and I didn't enjoy rough-housing in all the other sports and I didn't enjoy killing animals and birds. It just didn't seem to resonate inside of me very well. I enjoyed talking with girls, and I enjoyed playing with girls, and enjoyed doing all those kinds of things. I was always quite an emotional child at different points in time along the way. I would get sad and I would get lonesome and I would feel fear and all the rest of it, Not that, I'm sure, the rest of the boys didn't either, but I mean, I don't see that very often amongst males In terms of real interests that I had, all through high school and in my early 20's, I had more interest in the area of sitting down and talking with people about things. The usual, "How are you feeling? What's going on in your life? or How's that going?" So, I think I always had more relationships with women. Although there were some male relationships along the way where you could sit and discuss that stuff with somebody else and have an honest conversation that had some depth to it. So, I enjoyed that a lot. Which I don't think was rather typical to North American kind of male roles, as far as I've seen them.

He highlighted how his father's and brothers' behavior, including their physical abuse of him, influenced his rejection of some aspects of traditional masculinity.

. . . as I looked at my brothers and my father, and I thought, this is what a male is all about and if a male is about putting down other people and hurting them physically, which is a lot of what I

experienced, I thought, that's not me. I'm not into that kind of stuff. And that's a lot of what I experienced in the school environment too, and a lot of other organizations and I thought, well, if that's what being male is all about, I really have no interest in that and so I would prefer to do something different. I am not one who is going to get up and pound the daylights out of someone else, or put them down. So, I think very definitely that was there.

Moreover, he did not report that he was distressed or uncomfortable with his less traditional construction of masculinity. During the feedback session, he highlighted a European cultural influence that contributed to his less traditional construction of masculinity.

I think our whole thing of gender in North America is really screwed up. I really do. I can remember growing up as a kid. My mother's family are all Ukrainian Orthodox people and Orthodox people are, by and large, more touchy, more feeling, because they still hold onto that European kind of stuff where a man can go up and give a man a hug. Or a kiss on the cheek and it's not seen as being an issue of homosexuality. So I grew up as a kid doing that. When I saw my uncle, I would give my uncle a hug, even when I was in my teens. It wasn't odd to do that at all, or a kiss on the cheek . . . I had some of that within me and it doesn't bother me to do that kind of stuff, off-hand. And so if that's why I looked at things a little bit differently than maybe some of my friends as I was growing up.

In summary, four participants described gendered long-term effects in the area of disturbances of the masculine self. Gendered long-term effects included an inadequate sense of self as masculine and the compromised development of the masculine self during childhood and young adulthood. Furthermore, other long-term effects like body image or relationship problems appeared to be exacerbated by an inadequate sense of self as masculine. In the area of male sexuality, three participants explicitly identified problems with male sexuality such as feeling inadequate about sexual performance, having atypical sexual fantasies, and having trouble forming intimate relationships with women. Finally, some data suggested that constructions of masculinity as less traditional were associated with

limited or no disturbances of the masculine self or male sexuality.

The Cultural Construction of Traditional Masculinity

Exacerbates Impact

The extent to which participants adhered to, or valued the cultural construction of traditional masculinity seemed to exacerbate some long-term effects and to compromise coping with the sequelae of the childhood sexual abuse in two areas - the masculine self and male sexuality.

In the area of the masculine self, the data suggested that adherence to the cultural construction of traditional masculinity seemed to limit male survivors' responses to coping with the impact of the abuse. For example, one male survivor, while relating his wife's coping response to an attempted sexual assault, highlighted that he felt limited in his ability to cope with the trauma of childhood sexual abuse because of the expectation that men are not allowed to express the full range of emotions.

I think it's equally as hard on each sex. But, yet, I think in some ways women - - can be more open, can let their feelings out a little bit easier than what men are expected to. I think that's maybe the main difference. I think if I had been able to talk about what I [felt] when it happened, maybe, thirty-five years later, at this stage of my life, it wouldn't have been as traumatic. I think, it was really good for her [his wife] to be able to feel comfortable that she could talk to me about it, that she could let it out.

Similarly, another participant reflected upon his way of coping with the trauma of childhood sexual abuse. His choice of words - "met the enemy head on," "fight," and "stand up to the bully" - suggested an adversarial way of coping with the impact of the sexual abuse, indicative of his adherence to the cultural construction of traditional masculinity. Nevertheless, he seemed aware of the complexity of dealing with the effects of the sexual abuse and the possibility of an alternative approach to coping. At the feedback interview, he stated:

If someone had come to me five or seven years ago, anytime before I had acknowledged that I was a victim and subsequently, a survivor, I would have said, "Hell, you've met the enemy head on, get on with life." Now I appreciate the fight because it's not that simple. Because the whole abuse [issue] touches on more than just a violation of body parts. It raises questions of identity and values. A lot of other things that I had no appreciation for whatsoever before this started for me. Every once in awhile, I'll see one of the daytime talk shows and I'll hear somebody say something about being in therapy for five or seven or ten years and I can understand now how that can happen. With initial therapy which really started with marital counseling because my inability to admit that I had been abused, that as a male I had been powerless and everything else, I thought it was a much simpler thing to go through. Just like meeting a bully. Until you stand up to the bully, you are going to be continued to be bullied. I am still basically a non-violent person but I still believe until the bully is called up short and given a little bit of his or her own medicine, they will continue to be bullies. But this isn't like that. This isn't standing up and striking back once and letting the bully [know] that you aren't going to lay down and be kicked anymore. Every once in awhile there is a new issue or an old issue that has a scab ripped off of it that needs to be given some attention. I find that a little bit difficult. Again, it recalls for me a sense of, not powerlessness, but reduced power, that I don't have complete control.

Other participants, too, added that the cultural construction of traditional masculinity seemed to prohibit men from seeking mental health services and accessing social support systems.

The typical way we raise males in our society works against that [seeking mental health services] to some extent. In other words, you have this problem, you experience parts of it, but you never go and talk to anybody because you shouldn't talk to anybody because it's not appropriate to ask for help. I should be strong, I can deal with the reality.

Traditional beliefs about males and females also seemed to influence access to mental health services, and even to influence the decision to participate in the present study.

[Did it make any difference to you that I'm female?] I don't think so. If anything, it made me feel more comfortable. I try not to feel that way, but I can't help it. Maybe when I got that pamphlet if it had been

a male, I might not have been as quick to decide that yes, this was something that I want to do. I don't know. Maybe that goes back to that I feel that being a female you would be more understanding. Because, I do feel that some men just don't understand. I've had a hard time relating to people, period. But when I did, I had an easier time talking to women, anytime than I ever did with men.

Moreover, his traditional belief that "males just don't understand" was borne out, in some instances, by experience.

I've spilled my guts to doctors, and everything like that When I started into this, I felt more of a response from the women, as to O.K., validating my emotions, my thoughts. Especially the [male] doctors, "This is normal. I don't think there's a big problem here. You're just a little bit stressed out."

Still, two participants reported that accessing the support of male friends was integral to their recovery from the childhood sexual abuse. In this quote, one participant described his experience of disclosing his childhood sexual abuse to other males, one of whom had been sexually assaulted, himself.

So I shared with him, as well, what my abuse was about. I wanted to share with him, the anguish he's going through. The steps, the doubt, is not a unique thing. We all feel it. Again, the thing I've noticed on the two occasions I've told, they've been appalled that anyone would do that kind of stuff to a child. So, in fact, I was not rejected. That was so important that I was not rejected. It says I'm O.K.. It wasn't my fault.

In contrast to the idea that males feel prohibited from seeking help because of the influence of the cultural construction of traditional masculinity, one male survivor suggested that he may have had an advantage in his recovery from the impact of the sexual abuse because the cultural construction of traditional masculinity confers more power to men than women. More specifically, he seemed to think mental health services do not explore the roots of women's problems and experiences, and men have more financial resources to access private mental health services,

The first reflection I have, and I am not suggesting by any stretch of the imagination that male survivors don't have a hard row to hoe, I don't want to say that. [But], I still think women have a much harder time and I think that is always because of power dynamics that are there. I don't know how many I've seen, victims of either sexual or physical abuse, or emotional, sexual, and physical in the mental health centre in [city] and they are so screwed up and yet all they get there is drug therapy treatment by and large. There's no exploration of why it is they experience themselves like they do. I think there is just a harder row to hoe for them because of the power dynamics that exist in our society. I think that's changing around ever so slowly I've had a number of friends who have been victims of sexual abuse, women primarily, as well as physical and emotional, and I look at them and I listen to them and I think they have a harder time dealing with it. [In what way?] I'm not sure exactly what it is. Maybe it's the way we were raised in our society, men are given advantages in being free to sort of go out there and search.

The cultural construction of traditional masculinity in the area of male sexuality seemed to exacerbate other long-term effects on sexuality. For example, one heterosexual participant reported the long-term effect of a pattern of negative reactions after engaging in sexual activity with women. His beliefs about traditional male sexuality (i.e., that males always want sex and if males do not want sex, the adequacy of their masculinity can be called into question) compounded his distress about the unwanted sexual activity with the woman.

Why does this happen to me? What's wrong with me? Yesterday this was our relationship and today I feel like this? Why does this happen to me? Then you start comparing from the point-of-view, you think, another male in that situation wouldn't react this way. Yet, I am reacting this way. So then the whole self-doubts and the what am I? What's going on here? [What's going on here?] Well, certainly, homophobia would be in there, from the point-of-view, if I feel this way now then what's wrong with me? I can't be straight. [So, you wondered if you were gay, homosexual or bisexual?] I didn't even know what bisexual was then. No. I don't know if you can describe it as homosexual . . . [You said homophobia?] It's like you have the ideal and you never live up to that ideal. So you're devastated by that. I had the ideal male. [And what's the ideal male?]

Certainly, he doesn't get sick as soon as he has sex with a woman. So therefore, I don't match up to that. Why can't I be like, say Dean? Dean is the epitome of your ideal man. Why can't I be like Dean? What's wrong with me?

The data also showed how the cultural beliefs about traditional male sexuality influenced his decision to engage in sexual activity with a woman. He explained his dilemma in refusing to have sex with a woman in a situation that was "set-up" by a group of friends. He revealed his fear that he would be seen as a "non-male" should he refuse sex with the woman.

If the genders were the other way, that would be a pretty horrific thing. Because not only is it an act of aggression, but this was a premeditated set-up act of aggression. So it makes it even that much more a bad situation. Yet, in my contacts, most people would say it's not. So, then I sort of think, O.K., should I be upset about this or should I just say, too bad I handled it that way? . . . Too bad I didn't handle it differently. Perhaps, if I had been somebody else, I would have handled that totally different. [Can you say some more about those kinds of thoughts about yourself?] I guess I don't know what I would have done differently. I guess part of me says I could have said, "No, what are you doing? This is ridiculous. This is not what I want" or, "This is not how I want our relationship to go" which would probably have been the logical thing to do. But, I think that would have been very defeating to have done that because she would have gone back and said "[Participant] won't have sex with me." So then, that would have put me as a non-male. So I would have been caught in that dilemma . . . I couldn't win. Because if I did what I wanted then I would have been a non-male and if I'd gone along with it, then - - I felt so bad about it and I didn't enjoy it, so therefore it was wrong too. So, I never won.

Furthermore, this participant's adherence to a traditional construction that men cannot be sexually victimized further contributed to his distress about unwanted sexual activity with women. He felt that others would not believe that he had felt sexually victimized in relationships with women.

The other element of it was that in most situations, my perception of when the partner and I had sex, it was rape. Men get raped, but, ha, ha, ha, it doesn't happen kind-of-thing. So, one time with [therapist], I described the situation to him and all I did was reverse the genders.

It was very difficult to do. Probably one of the hardest [things] I tried to explain to [therapist]. Because as soon as you heard it, it sounded like a terrible rape. So, I said, "What was his reaction?" His reaction was that he wasn't very comfortable with it. . . . Then I told him that everything was the truth except . . . I was the female. But, everything else that happened was the same. Yet, that's very hard to perceive it as a rape, but, all my sexual relationships, that's how they were.

At the feedback interview, he clarified his meaning in the previous quote.

The betrayal was more so than the sexual act. When I read that it didn't really come across It is very hard to perceive what happened as rape and that's the way most of them were, but this one, in particular, was because the standard in our society says that can't happen. Men are not raped If we were to change the gender, make my name female and her name male we would see that as a rape.

In a different way, a stronger adherence to the cultural construction of traditional masculinity seemed to exacerbate other long-term effects. One participant reported the long-term effect of the childhood sexual abuse to be an "unhealthy" sexuality. He reported that he engaged in frequent extramarital activity, he manipulated relationships for sexual gain, and he sexually objectified others and himself. At the same time, he seemed to value a construction of traditional male sexuality as active and frequent. This appeared to be central to his identity as a man. In his words, "A lot of a man's identity, I think, is tied to his penis." Consequently, he described feeling conflicted about his identity as a male sexual being. On the one hand, he was troubled by his sexual activities. On the other hand, he seemed to value his sexual activities as representative of a traditional male sexuality.

When I started assessing what I had experienced as a child wasn't normal, I partly denied it, because if that wasn't normal and that was part of my identity, then what did that say about who I was? I'm still struggling with that. If I'm not - - the sexual being that I grew up thinking I was, whether it's orally or intercourse or any other way - - I don't know how to express this . . . I'm struggling with who I am

because I grew up in an atmosphere of very free sexuality, of all kinds. Some of the things are taboo, like the incest. While I never incested or was incested by my sister, not directly by my brother, there was a hint of some incestual contact with a female cousin. At the time, it seemed normal, because it was all around me with these other people, what I both heard about and saw, and, in a couple of cases, experienced. If that's not good, then what does that say about me? If I grew up thinking, at least in part, that the only thing I was good for was oral sex, either for males or for females and that my penis didn't count for anything, or that my ass was more valuable to somebody than some other part of me, it's hard for me to see myself in a whole. It's hard for me to accept that all these things, both the bad and the good with them as parts that make me who I am . . . I want to try to accept the things that I experienced, the things that I learned, as being part of me. But, the old tapes are saying, that's not good, that's not acceptable, you have to do something else, you have to be something else, and then I just kind of fall apart . . .

Moreover, he seemed to have difficulty resolving the impact of the childhood sexual abuse. At the feedback interview, 13 months later, he continued to grapple with the issue of his sexual identity as a male which, in part, depended upon his ability to perform sexual intercourse.

As I grapple, wrestle with the whole abuse experience, the whole six and a half, seven-year period, and truly understand how it has affected and molded the rest of my life. That's ongoing and as I've started it, there's some freedom in it, but I am still a victim and it's difficult for me to see myself, I want to say I am a survivor. And I am a survivor - - but until I can have a normal sexual relationship with my wife, I am still a victim. You quoted my words, a good deal of a man's identity is connected to his penis. Until mine works again - - [crying], I've been robbed of a part of my identity . . .

Notably, this participant used the words "warped," "twisted," and "animal" to refer to what he considered to be his unhealthy sexuality. These words implied that he was conscious of using his sexuality in a certain way.

It's hard for me, right now, and why after 20 years, I don't know, but after a long time, I'm really having a hard time relating to my wife because part of me says, God, [Participant], you're warped, you're twisted. [Warped, twisted?] Well, in not being able to identify, and not knowing what healthy sexuality is. Having all these other experiences. When I talk to my wife and I find out in talking with her

that she didn't have any kind of experience. When I first started talking, she tried not to show any emotion, [but] she cried.

This man's anguish, guilt, and shame, following the realization that he had been actively sexually manipulative for his own gain in an extramarital affair with a husband and wife couple, was poignant.

I guess it was the power thing that started bothering me or the fact that all of a sudden, the fact that this wasn't [woman's name]. This was two boobs, a backside and a vagina that were there for her pleasure, his [the husband] pleasure and for my pleasure. I guess what I started realizing was that, not only in that relationship, but in other relationships, other than my married relationship, when I had been going out and looking for people, I wasn't looking for personalities. I wasn't looking for any emotional context, at all. I was looking for breasts and vaginas and backsides. And that's all. [What was that like for you when you began to realize that's what you had been doing?] I was shocked. It was, God, what kind of an animal am I? Where did all this come from? How did I get here? Is this really the way I feel about women or about relationships? I was shocked that I had fallen to that, or maybe not fallen, I was more shocked that I had voluntarily gone over, opened the door, and walked through it. It wasn't something that had happened accidentally, it was something that I manipulated myself into.

Female survivors often refer to the impact of the childhood sexual abuse on their sexuality with words like "dirty," "soiled," "ruined," and "slut." Such words suggests that female sexuality has been culturally constructed by society as passive and as a commodity. In contrast, the previous participant's use of the words, "warped," "twisted," and "animal" imply a construction of male sexuality as active, agentic, and instrumental. Not all of the male survivors, however, seemed to adhere to a construction of male sexuality as agentic, instrumental, or impossible to violate. Again, the two participants who seemed to subscribe to personal constructions of male sexuality that were less traditional referred to long-term effects in the area of sexuality with words like "totally dirty," "violated," "damaged," "whore," and "prostituting self-image."

In summary, a stronger adherence to the cultural construction of traditional masculinity appeared to exacerbate some long-term effects and to influence coping with the sequelae of the childhood sexual abuse in the areas of the masculine self and male sexuality. Adherence to some aspects of the cultural construction of traditional masculinity seemed to limit coping responses to the sexual abuse. Some men felt unable to express vulnerable emotions or to seek mental health services and social support, or approached recovery from the sexual abuse in an adversarial and unsuccessful manner. Compliance with the cultural construction of traditional male sexuality seemed to worsen other long-term effects such as distress after sexual activity with women or frequent extramarital sexual activity. In contrast, participants who did not adhere to the cultural construction of traditional masculinity/male sexuality did not report similar problems with coping or similar exacerbation of effects.

Sensitization to the Cultural Context of Abuse and Gender Issues

The data suggested that the experience of sexual victimization during childhood and subsequent recovery from the childhood sexual abuse might be associated with an increased awareness of the cultural context of abuse and other gender issues. Three participants assumed an activist stance in educating others about the sexual abuse of boys. They were concerned about the neglect of the victimization of males. One male survivor explained how the media focus on violence against women and children contributed to his feelings of exclusion. Apparently, he did not readily identify himself in the category of children, implying that it was important to explicitly identify boys as victims.

We have all of the social things now that are going to stop violence against women which is very laudable and should be done. There shouldn't be violence against them. Why can't we just say, "Stop

violence"? It's always stop violence against women and children. Or stop sexual abuse of women and children. I'm sorry, where do I fit? I don't fit there. [What impact does that have on you?] It invalidates part of my experience. Where do I go for help? If I say something, does that mean I can't say a woman is capable of abuse? Because they'll say I'm holding up the old male stereotype, and that's not what I'm doing at all. It's not that I'm against any of those other things, it's just that I need a place, too. Let's do something to stop violence against people. After all, that's all we are. We're all people. Rather than always, violence against women. Now, I'm not saying there isn't perhaps more need for shelters for battered women, because more women get battered. That's a fact. That's what we should do - - build more shelters. But, I think we have to be careful that we don't forget this other aspect.

Two participants argued that some aspects of the male experience of childhood sexual abuse are poorly understood. For example, it is often not recognized that females can sexually abuse boys and that sexual abuse by a female is damaging.

I think part of the value of this exercise you are doing is to show that the abuse of power by a female is exactly the same as abuse of power by a male. That it is, in fact, just as damaging. The fact that boys are, in fact, abused and that there are myths out there. When you look at it logically, some of the myths don't add up - that most abusers are men, men abuse females, most abused victims go on to be abusers - that doesn't add up because that means all the women should be abusers, all the women who have been victims, but that is not the case. I know that I did not abuse anyone, myself, in my own personal experience, and what's more, it was not a question of my abusing children in the way my mother did or in any other way. It's just not in my nature to do that. This kind of thing, I think, dispels some of those myths and it's very important to do it That's the weapon I had identified before, what I can contribute is by telling the story. By getting an increased awareness of certainly, the abuse of males, that females do, in fact, sometimes abuse males. And there are lots of ways in which that can happen.

Sometimes I get a little irritated with the constant barrage we get right now of the male against female thing, along the gender lines. It's always the male that's the abuser and the poor female who's too weak, who's been socialized to accept this. It bugs me I see the resentment because it seems to not recognize that women can abuse men. Mothers can abuse their sons. That's hard enough to admit in

just sort of a general way, let alone, like really specifically. And I think it's unfortunate if we just see these gender things right now.

In the next quote, one male survivor further expanded upon the nature and type of sexual abuse that was perpetrated against him by his mother; sexual abuse which, in his words, did not "involve penetration or actual violation of the body in that way." Instead, the sexual abuse contained elements of exhibitionism and denigration of his maleness (in front of neighborhood girls) through the care-taking activity of bathing. While the participant implied that these forms of sexual abuse of boys may be less readily recognized, the consequences are still profound.

I believe there are not many men [who] would talk about the stuff I'm talking about. I think that kind of abuse is much more common. I've never seen anything like that in books on it. I've seen letters in Ann Landers where the boy [is] exposed in front of girls in various guises. I'm sure that those instances affect a person for life. I'm sure that they do.

During the feedback interview, this male survivor also expressed strong feelings about "obscene corporal punishment" which he feels involves the exposure and shaming, in a sexual way, of a child's body.

I am very, very sensitive to that issue of the obscene corporal punishment. That guy pulling child's pants down in a public place. I think that is absolutely awful, because it involves the shame and exposure that my mother's ritual did in the same way . . .

The other male survivor who was sexually abused by his mother explained how the nature of sexual abuse by females can be "subtle." By subtle, he seemed to mean that his mother's sexual abuse of him did not involve "beating" but it involved emotional manipulation and involved sexual acts like intercourse which occurred through adolescence.

Sometimes it's [violence against males] more subtle. It may not be beating, but the emotional stuff is just as bad [crying] - - Because we've been socialized to put women on pedestals, to respect them. I can't

imagine that I would ever hit a woman. You just wouldn't do it. And you always defer to them - - my father always use to say, "Obey your mother and do whatever she says." So I did.

Two participants expressed an appreciation of the role of the women's movement in raising the awareness of issues like child abuse.

We have a lot that we owe to the women's movement and to women victims and survivors of abuse, that any of this came out. Believe me, I'm grateful for that.

I am like I am on everything else. I guess I'm a rebel, I suppose - - not a rebel. I would say very, very liberal on almost all issues. I'm very sympathetic to the feminist cause. Not only intellectually, but because I want my daughter to have the same opportunities as anybody else. [Wife] is a very brilliant woman. Why [should] she get any less pay than some turkey that doesn't do half as good a job, no matter what gender? I do relate to the feminist cause because, for instance, in dealing with rape and spousal abuse, they have forced these issues into the public consciousness. They're not accepting this garbage that we've been living with all these years from the judicial system and from the policing system. All this nonsense that women have had to put up with. It's the same for little children. Because the feminists have been pushing this, they've also pushed the abuse issue. Now because of them and what they've done, I'm able to be here talking to you.

The childhood sexual abuse and subsequent recovery seemed to contribute to a heightened sensitivity to other gender issues. Based on his own life experiences, this male survivor expressed strong feelings and ideas about the socialization of males.

It would be so wonderful if we would all, in the world, stop fighting about these damn things. The thing that really pisses me off is, you watch the news every night, that angers me. Men with guns. All the news. All of these violent, horrible acts of brutality being conducted by men with guns because we've all got this stupid macho image that we've got to live up to. Nothing is talked about sexuality and how to deal with it. Nothing is talked about relationships between people, ever. You're suppose to pick these things up. Where the hell are you suppose to pick them up?!

Between the initial interview and the feedback interview, one male

participant seemed to have developed an increased desire and ability to embrace his interests in spite of what others might think of his masculinity.

There's a [colleague] who has just had a really terrible time. Something really very tragic has happened to him. So how do I, as another male, say, "I really sympathize and understand what you are going through?" To be able to sit down and talk like that. It's more of a sense I really wish I could walk up to him and give him a hug and say, "There's not a lot I can do, but . . ."

I am the tradition-keeper in the family I am the one who wraps the Christmas presents Usually it is the other way around I would have taken that before as a gender issue. There is something askew here that men would do that, why am I doing it? Now, I am saying, that's not a gender issue at all I guess I don't care as much what other people think. I don't think I am less sensitive, but I think I'm not as bothered by what other people might think.

As a part of recovery, another male survivor consciously worked to expand his sense of self as a male by planning to volunteer at a sexual assault centre. He explained at the feedback interview:

One of the ones I've wanted to do, I don't know how it will go over, but anyway I am going to offer to go and work at a sexual assault centre. They have different roles for males there and I think that would be fulfilling. There is something I could offer within that environment and to me that's important because that book I mentioned earlier is a very real challenge to males about how they operate in their daily lives with other people. It is about service and caring which I think is important for those people who have been through that experience because I think their road is a very difficult road. It's important, that's been a growing thing for me too, in the last two years in particular.

In summary, almost all of the participants articulated an awareness of the cultural context of abuse and other gender issues. Some participants, as part of their recovery from the sexual abuse, seemed to have assumed an activist stance on issues like the media's neglect of the victimization of boys and the poorly understood area of female sex offenders. Also, some men expressed more of an appreciation for the women's movement, articulated

an awareness of the impact of socialization on males, and described movement toward a less traditional construction of masculinity.

The Perception of Sexual Victimization During Childhood and Adulthood

The data suggested that constructions of masculinity influenced the perception of sexual victimization. For three participants, adherence to some aspects of the cultural construction of traditional masculinity seemed to inhibit their ability to recognize the childhood sexual abuse as victimization. These male survivors articulated and struggled with more traditional beliefs about males. They reported beliefs such as males are "suppose to enjoy" all sexual activity; "you can't have sex with a man against his will"; and, males should "have more power instead of being powerless." For example, one man had difficulty viewing his feelings about the sexual abuse as valid and recognizing that he had been sexually abused.

There's still kind of a stigma attached to deal with. People don't believe that men can be sexually abused It feels that your feelings and what's happening to you is not valid. This happens to women and we'll feel sorry for them and we'll give something about that. And about men, you're supposed to enjoy this and you can't have sex with a man against his will It made me feel confused and that sense that you've been abused, well no [you haven't been abused]. I was taught . . . that this is not valid. In that case the abuse is not validated, and again, it's just something in your head. You're overreacting.

Following a sexual experience during adulthood with the female who had sexually abused him during childhood, this participant seemed better able to perceive himself as a victim during childhood. Notably, he was able to identify himself as a "victim" in the sexual experience during adulthood.

As I look back, I think, entering back into this relationship with the woman that abused me I was always dead against that [extramarital affairs] - - and I had never thought of myself as somebody that would ever do that to my wife. I was never going to be that type of person. Yet, I was so easily sucked right in. As soon as she

[the woman that abused him] said, "Well, let's do this." "Well, O.K." . . . I felt more a victim the second [time] when I had this affair. That's when I felt like a victim. Although at that time, I was older, I was bigger. I should have just been able to say, "No," then. She's not as physically as big as I am. I should have just been able to walk away. And, I didn't. Whereas, when I was young, I was held. I wasn't able to run away. And I didn't feel able to run to my parents and say, "Look this is what he's [his stepbrother] trying to get me to do with [female abuser]." I felt like I wouldn't be believed . . . With the counseling, I do look back at that and started thinking of other experiences putting it together as it was abusive and how it has affected me and why. Not that it made me enter into this affair, but it seemed to make sense that it would be easier to get back into that because - - I knew I didn't want to do it and all the way through the act I didn't want to be there, I didn't think it was right. I felt bad. I felt guilty. I didn't, but yet, I did it. And that's what really kills me is because I didn't know why. I knew why I did it, because it was sex. It was going to feel good and it was going to please her. She wanted it. I guess I couldn't say I didn't want it. I guess, in some ways, I did, but I didn't.

For another participant, the cultural belief that males should control sexual activity seemed to apply even to male children. He didn't consider his lack of power as a young child in relation to an older adolescent female abuser.

One of the things that I have felt is guilt and shame because as a strong athletic, even before high school, as a strong athletic male, I should have been able to have more power instead of being powerless. And this, chauvinistic or macho or whatever, that's what I grew up with. When I look back on it - - to feel that I should have been more in control or that I should have had more say about it just because I was a husky, fairly strong kid . . . I should have had more say about what happened with my body.

In the feedback session, this participant reported that he continued to blame himself for the sexual abuse because he believed that, as a male, he should have exerted "more power" during the sexual abuse. In his words, "Girls were suppose to be the weaker sex." He often questioned whether the childhood sexual experiences were abusive or not abusive. In the following quote he questions whether they weren't simply pleasurable experiences.

Still, he seemed to have difficulty coping with, and resolving the impact of the sexual experiences.

I'm still a competitive person, I still blame myself. You highlighted that I blame myself or I fail to recognize that as a young child I didn't have any power and I continue to blame myself, thinking that as a male I should have had more power. And I can't seem to get beyond that. My wife says that I can't get back to being the child. What I need to do, what she thinks I need to try to do, is give myself the freedom and permission to go back into that situation and let the voice of the child come out. Instead of 40 years later, trying to look at it as an adult and say what I should have felt - - what I was actually feeling at the time and I'm afraid to do that. I still want to blame myself because, except for the girl that threatened me and really abused me, I still have a hard time seeing everything else as abuse, sometimes. It was nothing more, at times I tell myself, it was nothing more than a pleasurable experience. It's only when I think of how it has given me a distorted view of healthy sexuality that I begin to see it as abuse.

Those participants who seemed to hold less traditional constructions of masculinity did not report similar difficulties in perceiving the childhood sexual abuse as victimization. The cultural construction of traditional masculinity, however, was not the only factor that interfered with the ability to perceive the childhood sexual abuse as abusive. Some participants described the childhood sexual experiences as "trivial," as an "early gay experience," as "a loving relationship or a friendship," or as consensual if they experienced a pleasurable response.

When I told [wife] that, and I was actually shaking, and she said, "That's sexual abuse." But up until then I thought it was so shameful and trivial. Trivial is what I thought it was. It was trivial. I mean these poor kids who have been molested and all the rest of it. Why hell, that's a kind of molestation! And if your mother is doing it, you can't accept that. It really wasn't until I got into group that I actually accepted that it was sexual abuse and that it was not my fault. I didn't do anything. I didn't bring up all this shame on me. I've lived a lifetime of this, carrying this burden of shame!

That's one of the struggles we're having, because I've dropped out of the group, for a variety of reasons, but one of the reasons is that I have

a very difficult time, what's the word I want - - acknowledging it or stating that is abuse. I have a very hard time crossing the fence The only things that I do remember, the piecemeals that I do remember, the little snippets here and there, were always sexual things and I saw them in a positive light That was the affection, that was the caring, that was the concern, that was the nurturing. But, it was always in that context.

In summary, the data suggested that adherence to certain tenets of the cultural construction of masculinity inhibited the participants' ability to recognize sexual victimization during childhood. In contrast, those participants who did not adhere to similar aspects of the cultural construction of masculinity did not report similar difficulties in perceiving the childhood sexual abuse as victimization. The cultural construction of traditional masculinity, however, was only one of several factors that were related to the participants' ability to perceive victimization.

The Role of Childhood Sexual Abuse in Sexual Orientation

The data suggested that childhood sexual abuse may be associated with sexual orientation in a variety of ways. For some participants there appeared to be no connection between the sexual abuse and sexual orientation. For others, the childhood sexual abuse seemed to be associated with confusion about, and concerns related to sexual orientation.

Childhood sexual abuse did not seem related to sexual orientation for two participants, one homosexual and one heterosexual. They had similar answers to the question about a relationship between the childhood sexual abuse and current sexual orientation.

No cause and effect. I was aware of being gay at the age of four or five. I was also aware that it was "wrong." I tried to change it. At that age, I tried to change my mindset so that I got more affection. I wanted to be loved. I had a toy and it had a masculine persona, in my mind, and when I comforted myself in bed, it was sort of there and I imagined it's loving me. He's loving me. At some point, ages five or six, I realized that's not what I am supposed to feel like. I am supposed to

feel that for a woman: a boy and a girl. I literally tried to change the persona of that toy to a female in order to conform. It didn't work. It didn't give me any comfort at all. I didn't feel loved or comforted. I just gave up the effort. When it didn't work, I switched it back and got the comfort back. So I realized that was it. From that point on, I did know I was gay.

No. I've always felt myself as heterosexual and that's the way I've been and I've never pursued a relationship with a male nor will I.

Another participant was not sure if the sexual abuse had affected his sexual orientation.

[How do you think the sexual abuse has a relationship to this confusion about sexual orientation?] I've thought about that a lot. There are two sides to that answer. One is the politically correct answer that says, "No, that doesn't have very much to do at all with one's sexual orientation." One's sexual orientation is something that is established a short way along the way in one's life. I don't really totally believe that. I don't know what the impact is. I've read and I've read and I've read and I still don't know what impact sexual abuse has upon one's sexual orientation or to what degree it does or whatever. For me. Or for any person in general who's been through that kind of experience.

Confusion about one's sexual orientation and/or sexual preferences seemed to be related to the childhood sexual abuse for two participants who had been sexually abused by male offenders. One participant who was a husband and a father reported confusion about his sexual orientation.

Where do I fit in the whole continuum of sexual orientation? And I would bounce back and forth. One day I would think, I'm sure I'm gay. The next day, I would think, I'm sure I'm straight. The next day, I'd think, well, I'm probably bisexual. A week down the road, I'd be gay again, I'd be straight again, and I'd be bisexual again. It was very confusing.

Confusion about sexual orientation seemed to arise out of a learned or conditioned association between certain male-to-male sexual acts associated with the childhood sexual abuse and sexual arousal.

What I know for myself, so far, or at least I think I know, in terms of

some sexual acts that I would like to engage in, those sexual acts are exactly the same ones that happened to me when I was a kid. I know that. Those are the ones that, in fantasy, I find most exciting and those have to do with what one would call homosexual sexual acts. For me, the whole concept of oral sex and anal sex are the two most prominent fantasies for me and those were what I experienced as a child when I was growing up. Whether that has any deep relationship to the sexual abuse or whether it's part of sexual orientation and sexual abuse. But at least I know that those two things that seem most powerfully sexually motivating are what I experienced when I was growing up as a kid. Beyond that, I don't know if I know much more than that. But, I certainly have some pretty big suppositions. That was also very painful for me. It produced a lot of sadness in me sometimes.

More data to support the idea of learned associations between male-to-male sexual activity and sexual preference or attraction was gleaned from a second participant, also abused by male offenders. This participant, however, did not present confusion about his sexual orientation as a major impact of the childhood sexual abuse. He clearly identified his sexual orientation as heterosexual. But, he did report that he developed and struggled with an association between male companionship and sexual activity.

Why do I have this relationship with my wife and what is this relationship I have with males? Why do I have this attraction to males, from the point-of-view of why do I want to be with them? Or, why do I like to have a male companion? But why is there this stress by having a male companion? Why does this tension have to exist? Where does this tension come from? Why is this threat here all the time? . . . There still seems to be that lesson that, this rule, I think maybe rule is better, that somehow I can't break out of this rule - - is that if I am to have a real genuine relationship with this male, there has to be sex there. That seems to be a rule. That's a rule I'm not comfortable with.

During the feedback interview, he emphasized that he had learned that physical touch from males was associated with, or, in his words, "locked" to sexual touch.

I saw it as a lock. The physical caring touch was locked to the sexual touch. That's what got locked. This person [perpetrator] who I remember was what I admired. I think, this is the desire to have the male companion because the physical contact was there, but it went across the boundary, but this desire to have that physical touch because that's all there was. I don't remember any physical contact between my family at all. And I liked touch. My children love to have their back scratched . . . they absolutely love that. And I thought, that's the touch . . . They thrive on that. That's important to them. That's a normal part of human development to want to have that Somewhere that lock came in. If you wanted physical, caring touch, it's part and parcel, you take the whole parcel or take none. Like if the only way you can get a drink of water is to take this other parcel with it, and you are really desperate, you are thirsty, maybe they'll have to go together.

At the same time, at the feedback interview, he acknowledged that the association between physical caring touch and sexual touch had been weakened.

I had some experiences where there was physical contact with no sexual overtones at all that I could perceive, and it was very positive. It was somewhat short-lived, but at least I saw the window there.

This participant also reported that he had experienced negative reactions to sexual activity with women during his young adulthood. Moreover, during the feedback session, he articulated an awareness that his personal construction of masculinity as traditional did not allow for "straight" men to have negative reactions to sex with women and this caused confusion about his sexual orientation.

One of the problems is that I tend to think black and white. So, if the person has a sexual act with a female and he feels really negative about it after and didn't like it, a straight male would not feel this way, therefore, I must be not straight. So then you get into, is this homosexuality? So, I think most clinicians would say, "Yes, that's what this person is thinking." But I don't think I am. It's more like, why do I feel this way? What's wrong with me? What are all the possibilities? . . . That [homosexuality] was a possibility. But if that's the case, then shouldn't I be attracted this way [to men]? But, I wasn't and I didn't find that. That wasn't the issue . . . attraction to the same

sex. So it wasn't like, am I going to try and pretend that I am straight when really I want to do this? That wasn't an issue for me. [Sexual relationships] with men was a non-issue. That terrified me. I don't want that to happen.

At the feedback interview, another male survivor wondered if the sexual damage arising from the childhood sexual abuse may have obscured the development of a homosexual orientation. To illustrate, he described his fear of engaging in sexual activity with young women during early adulthood. He questioned if his fear was related to the impact of the sexual abuse or a latent homosexual orientation.

Nowadays, as I think about it, I think it has to do with the whole sexual abuse thing. Somehow I felt it was all very bad and I would be harming her if I did anything. I couldn't bring myself to kiss her, I felt so uncomfortable about it and felt that somehow I was doing something that wasn't good. Nowadays, I think that is a bit odd, but at that point in time, it didn't strike me as odd at all. Quite frankly, it struck me as logical. There's some regret about that kind of stuff, too. I think, my God, there were all these different women along the way who wanted to have relationships with me. Yet, I didn't even realize it half the time, and when I did realize it, I was too fearful or too uncomfortable to ever get involved in any kind of relationship. Again, I don't know whether that has to do with the sexual orientation kind-of-thing or just sexuality in general. Because, half the time, I look at myself, and think, you seem fairly gay, and half the time, I look at myself, you seem halfway straight. And so I don't know, at this point in my own life, where that all fits in and why that happened in the way it did as I was growing up . . . I sometimes think it has to do with sexual orientation and then other days, I think, no, when sexuality gets damaged, and in some ways it's very hard to repair it, and so what one thinks about that kind of stuff and what one does in relationships with people can be pretty screwy, I think. But, I think that's the ongoing issue for me at the present point, it isn't always very clear between the one or the other. Between sexual orientation and sexuality having been damaged.

Finally, the data suggested that a homosexual orientation complicated and delayed the recognition of earlier sexual experiences as abuse for the homosexual participant. This participant was sexually abused by his mother. The incest was followed by other sexual abuse experiences with male

perpetrators. For some time, he viewed the childhood sexual abuse by male offenders as "early gay experiences."

The memory I retained, that I always retained, as opposed to the incest which was totally forgotten, repressed, suppressed. There a rape incident, male. I guess I sort of ascribe the fact that it took me so long to realize that was actually an abusive incident. I was eight years old, eight or nine years. I was set-up by a friend of the same age who was very street-wise and sex-wise and I was raped by a 16 year-old guy. As I say, I remembered what happened sexually, but I didn't remember the force. I didn't remember the coercion. I didn't really remember the hurt and all of those aspects of it. I guess, at least when I was first just coming to terms with having been sexually abused, I thought well, maybe the reason I had such difficulty identifying it as abuse was because I am gay. So all I saw it as was an early gay experience. And I must have wanted it. And I'm not saying there wasn't an element of curiosity, probably. But, my mind seemed to have stripped out all of the force. All of the rape aspects. What we normally think of as rape. And it left me only with what had happened sexually in pneumatic terms. And I thought maybe that was why it had taken me so long to realize.

Another way in which his sexual orientation complicated the recognition of the childhood sexual abuse was through mistakenly attributing problems during adulthood to the developmental tasks associated with homosexuality instead of identifying the problems as effects of the childhood sexual abuse.

It took me six months to acknowledge it in any way and much longer to label it as [maternal] incest. When I did finally reach that point, I was really, really angry because I thought to myself, I mean there were lots of things with regard to sexuality and coming to terms with being gay - - where I would blame certain reactions or ways of coping, or not coping with social situations. I would say, Oh, it must be because I'm gay, it must be that. And agonizing over that aspect of things and not wanting to be terribly different. I mean what's the big deal? I like men, so what? It shouldn't be that big a deal and so I would agonize over these things and then I thought to myself when I finally came to terms with the maternal incest or started to make the connection. I thought Jesus, what a lot of energy wasted. Wasted on agonizing over the sexuality part when it has nothing to do with sexuality. It has to do with the sexual abuse. Or, very little to do with sexuality.

In summary, four participants provided data relevant to the

connection between sexual abuse and sexual orientation. In some instances, the childhood sexual abuse seemed to have no relationship with sexual orientation. In other cases, the childhood sexual abuse seemed to be associated with confusion about sexual orientation and concerns related to sexual orientation. Confusion about their sexual orientation seemed to have arisen out of conditioned or learned associations between certain male-to-male sexual acts and sexual arousal and/or male companionship. For one participant, the impact of the childhood sexual abuse may have interfered with or obscured the recognition of a homosexual orientation. For another participant, his homosexual orientation obscured the recognition of the impact of the sexual abuse.

The Role of Childhood Sexual Abuse in Sexual Aggression

For the present study, I attempted to select participants without a history of convictions of sex offenses against others. Nevertheless, some participants provided data relevant to the issue of sexually aggressive behaviors against others. One participant reported that he had engaged in sexually manipulative behaviors during late adolescence/young adulthood. He described himself as "aggressive" and "manipulative." He clarified that his manipulation of others involved persuasion and coercion, not physical aggression. In most instances, he manipulated others for sexual contact.

As I started reflecting on all the other relationships I've had, I started to see myself. As a user of people, as a person who manipulated relationships so that I [could] have sexual contact with more and more people.

Now, as an adult, what changed was that I started to look for people who were looking for the same thing In talking, I got to the point where I felt like I could discern that other people were looking for some sexual contact as well. It was like feeling vibes, or something. If I felt like they were putting these vibes out then I put out a few of my own, and if they were responded then we got together. If there

was none of that then that was O.K.. I have never forced, physically, anybody into anything. I quit coercing in high school. But, then I found out that I didn't have to coerce. There were people who were willing and able, and able and willing, quite readily, to get into bed, or lay in the park, or whatever.

Data from another participant added support for the idea that a cultural construction of traditional masculinity could exacerbate the impact of the childhood sexual abuse by upholding permissive attitudes about sexually victimizing others. An impact of the sexual abuse for this participant was the learned association between certain sexually aggressive acts and sexual arousal. Although his personal construction of masculinity was less traditional, he articulated an awareness of the way in which a cultural construction of traditional masculinity sanctions sexual aggression against others, especially women. At the feedback interview, he explained:

Part of what goes on inside of me, as a person, and that's an ongoing kind of struggle for me, is this whole thing of using power sexually and or otherwise against people. My fantasies, half the time, are about exactly doing that kind of stuff. For a long while too that was terribly bothersome to me. In fact, that drove me to the point where it was most unsettling. The most unsettling thing of all of the stuff I was trying to deal with. Nowadays, I look at it, in our society, given the way people are raised, especially males, if some of that doesn't go on inside of your head, it's only because you haven't been around this North American society for a long while, you've been somewhere out in outer space . . . [You are saying the association between aggression or violence and sexuality?] They are so inter-related for males I think, I believe that to be the absolute reality of it. There's a good book, I forget the name of the author, he's a male, he's talking very directly to males, if you want to have relationships with women in our society that are about equality and goodness, then realize a few things. First of all, if you want to tell me you have never had fantasies or thoughts about hurting women sexually or otherwise, I think you are lying. Second of all, pornography is all about that for males, if you haven't been into that, or are unwilling to admit it, then I think you are lying. And, on and on he goes through every aspect. I think the book is so excellent. I think that's exactly [what] the relationship between males and females in our society nowadays is about.

In contrast to sexually victimizing others, three participants reported

that, as adults, they had been sexually re-victimized by others. For two participants, the experience of sexual victimization seemed to mitigate against sexually acting out against others. One participant who had felt sexually "used" and emotionally "betrayed" by his abusers, defined sexual abuse as using another person for one's own sexual satisfaction. Consequently, he intentionally decided to not sexually or emotionally use others.

[There's also some suggestion that men who have been sexually abused will tend to be sexually aggressive towards adults, women, other men, or towards children?] In my case, no. I was never, ever able to be forceful in that way or felt that I wanted to be. There's lots of times that I really wanted sex, but I never actively went out and pursued it I struggled with the idea like that. Once in awhile, I really craved and needed sex and I wanted it and for me, it would have been easy, or I felt, in the back of my mind, well, you could just go out and let's say, take advantage of somebody who appeared to like you. Or, it would be very easy to do what people did to me, like to pursue a child. But, yet, on the other hand, I had a stronger sense of - no way! Maybe another adult, yes, and I could have been abusive in that way. To me, that would be abusive, to go out and to enter into a relationship just to have sex and to do to somebody what had been done to me. Just to use somebody for my own personal satisfaction.

The second participant directly linked the experience of his childhood sexual abuse and his witnessing an incident of physical victimization of his sister as influencing his conscious decision to avoid sexually acting out against others.

In terms of the sexual abuse and gender, I don't really know if I can think of anything that really strikes me other than I think sexual abuse was very much about this whole thing of power over and so I decided, somewhere along the way - - the one concrete experience I have is of my sister coming home one day and she had been harassed by a local boy in the community and he had pulled her hair and thrown her to the ground and she came home, upset and crying. I remember, very distinctly, saying to myself, I would never, ever do that to any women because that is simply wrong. To me that is very much about sexuality over and against another person. In this case, my sister, and I think I made the same sort of decision, somewhere

along the way, about sexuality over and against other people and I think that came out of, without knowing it probably, the sexual abuse. I'm not going to have my sexuality, in any way, played out against somebody in a way that would be hurtful to them. So, I tried not to do that.

There was some evidence from one participant to suggest that he avoided some parenting activities with his children because he feared engaging in inappropriate sexual touching. For example, he reported a long-term effect to be sexual fantasies that were repetitions of his own sexual abuse and involved the bathing and disrobing of children. Consequently, he avoided bathing his children or allowing them to sit on his lap.

Because the major thing that was happening to me was, all the time, these fantasies. I will say that I'm very thankful that the bizarre fantasyland that I lived in did not affect anyone, any other children. It did not make me into a pedophile. I absolutely am so thankful for that. Because I would not have been able to control it, if I been directed towards children. As it happened, it turned me away from children. I feel very uncomfortable around naked children For instance, when they were growing up I never touched their genitals. I would go in the bathroom, when little kids are in the bathtub, a boy and a girl, we used to put them in the bathtub together, that kind of stuff a normal family would do. I told [Wife] that I thought she handled it fantastically well. She understands now why I was aloof and not that I didn't want to help. It's just that I couldn't. I didn't want to have anything to do with sexual organs I did not want my daughter sitting on my lap. I never had either of them sitting on my lap. Because even with clothing there's a proximity of the male and female genitals and I did not want that. I wanted nothing to do with it.

In contrast, none of the other participants reported that they feared touching their children in an inappropriate sexual way.

In summary, childhood sexual abuse seemed to be related to the sexual victimization of others in a few ways. One man reported sexually manipulative behavior towards others. For two participants, the experience of sexual victimization during childhood seemed to mitigate against engaging in sexually aggressive behaviors against others during adulthood.

One participant reported that he avoided certain parenting activities because he feared engaging in inappropriate sexual touching. For one participant, the cultural constructions of traditional masculinity seemed to have the potential to exacerbate long-term effects in the area of sexuality through permissive attitudes about sexually aggressive behaviors. Other participants, however, did not seem affected by permissive attitudes about sexual aggression. In fact, three participants reported that they had been sexually victimized by others during adulthood.

Summary

In summary, six themes with regard to the role of gender in the long-term effects of the childhood sexual abuse were identified. First, childhood sexual abuse contributed to gendered long-term effects in the areas of the masculine self and male sexuality. Some participants felt inadequate as males or perceived themselves as having failed to live up to the culture's construction of traditional masculinity. To cope with a compromised sense of masculinity or male sexuality, participants gave up personal interests that were antithetical to traditional masculinity, embraced or rejected traditional male strivings such as career status and wealth, assumed aggressive stances in relationship to others, and avoided sexual activity. Other participants who held less traditional constructions of masculinity reported limited or no problems in the areas of the masculine self and male sexuality.

Second, the data suggested that the cultural construction of traditional masculinity seemed to exacerbate long-term effects and to influence coping with the impact of the childhood sexual abuse. For example, traditional beliefs about masculinity seemed to limit coping responses to less emotional, self-reliant and more adversarial ways of coping with the impact of the sexual abuse. As well, adherence to the cultural construction of

traditional masculinity appeared to exacerbate other long-term effects such as distress about sexual activity with a woman and frequent extramarital sexual activity. In contrast, participants who adhered to less traditional constructions of masculinity did not report similar difficulties in coping with the sequelae of the childhood sexual abuse or the exacerbation of long-term effects.

Third, most participants articulated a sensitization to the cultural context of abuse and gender issues. They expressed an appreciation for the women's movement. Some participants wanted to educate others about the victimization of males and the problems associated with traditional male socialization. A couple of participants seemed to have embraced a less traditional construction of masculinity.

Fourth, the data suggested that adherence to some tenets of the cultural construction of traditional masculinity interfered with the ability to recognize sexual victimization during childhood. In contrast, those participants who adhered to less traditional constructions of masculinity did not report similar difficulties in recognizing childhood sexual victimization. The cultural construction of traditional masculinity, however, was only one of several factors that were related to the participants' ability to perceive victimization.

Fifth, the childhood sexual abuse appeared to be associated with confusion and concerns about sexual orientation in a variety of ways. Learned associations occurred between male-to-male sexual acts and sexual arousal and/or male companionship, thereby creating confusion about sexual orientation. For one man, the sequelae of the childhood sexual abuse may have interfered with the recognition of a homosexual orientation. For another participant, his homosexual orientation seemed to obscure the

recognition of the impact of the childhood sexual abuse. In some cases, the childhood sexual abuse bore no relationship with sexual orientation.

Finally, some data were relevant to the question of the role of childhood sexual abuse and sexually aggressive behavior. The childhood sexual abuse seemed to be associated with sexually manipulative behavior towards others. In contrast, for other participants, the childhood sexual abuse seemed to mitigate against sexually acting out against others. One participant expressed concern or worry about sexually acting out against children. Instead of sexually acting out against others, half of the participants had been sexually victimized by others during adulthood.

The Participants' Responses to the Results Chapter

All participants indicated an interest in providing written comments on the results chapter. At the time of writing, two participants had returned their written comments and one man provided his comments by telephone. One man described his strong emotional reaction to the results chapter which indicated to him the "truthfulness" of the findings.

I admit that several times I found myself in tears and had to leave off reading for awhile and then come back to it. I take this to be a sign of the accuracy and pertinence of the interview extracts for the points you make and the truthfulness of your observations. Numbers of times I could feel apprehension rising as a paragraph moved towards a characterization or assessment or headed towards a quotation. I mean that not only for parts where I recognized my own situation or words, but also for areas of commonality where - but for the context details - I felt *I could have said that very same thing*. In some instances in fact I would have been hard pressed to say whose exact words were being quoted, which probably reinforces the point of some very strong common threads in the fabric of many of these issues.

Another participant spoke of the progress he has made since the interview and the role of his participation in the study as part of his "healing journey."

I have managed to break free of my mother's control over my mind to some degree. For example, I have begun to feel much more relaxed at parties and other social gatherings than ever before because I have empowered myself not to be the "entertainment" and to leave when I feel pressure to do so. . . . I was sitting at my computer, attempting to write down my story, when I felt my mother standing behind me with her arms folded and a face like thunder. I said, "Hey you know a lot about this stuff, you can help me!" I pulled up a chair for her and she was gone . . . [and] I did acknowledge publicly that I am a survivor of childhood sexual abuse.

I realize I shall never be entirely free from this awful bondage, but now I feel much better equipped to deal with the long-term consequences of the abuse than ever before. . . . Please allow me to thank you for conducting your study in such a kindly and professional manner. The experience has turned out to be an important part of the healing journey for me.

The third man reported to me, on the telephone, that he was "really struck by the commonalities." Moreover, he made other similar comments like "If these are six different voices, I couldn't tell which was mine," or "That's exactly what I said." He admitted, as well, that it was "difficult" to read the results chapter because it made the impact of the abuse on his life more of a "reality."

DISCUSSION

This chapter discusses the findings of the current study and the implications for research, theory and practice. The discussion is organized into six sections. The section on taking account of personal constructions of gender highlights various aspects of the role of gender in the impact of sexual abuse. The issues of sexual orientation and sexual aggression are addressed separately. The section on theoretical implications shows how the findings of this study are relevant for current trends in theorizing in sexual abuse, and in particular, suggests how current theories need to be adapted to take into account male sexual victimization. Clinical implications provide some ideas for practice and intervention with male survivors of sexual abuse. The chapter ends with sections on ideas for future research and the limitations of the current study.

Taking Account of Personal Constructions of Gender

A major finding of the present study was that the participants reported numerous long-term effects that did not seem to have any gendered meaning or to be unique to males. Many of the long-term effects reported by these male survivors revealed a great deal of similarity to those long-term effects reported by female survivors (e.g., Beitchman et al., 1992; Browne & Finkelhor, 1986). They spontaneously reported numerous long-term effects in the areas of self functioning, affect regulation, memory, interpersonal functioning, sexuality, and spirituality including loss of self,

body image problems, feelings of guilt and shame, depression, problems with affect regulation, submission in relation to others, alienation in relationships, negative expectations of others, social anxiety, sexualization of relationships, troubling sexual fantasies, sexual victimization, and altered religious beliefs. Researchers have attempted to identify sex differences in long-term effects, but have failed to find reliable sex differences (e.g., Dhaliwal et al., 1996; Briere et al., 1988). The search for sex differences may have been unsuccessful, in part, because of the substantial similarity in long-term effects between male and female survivors.

Some researchers, however, might argue that many of these long-term effects are gendered or have unique meanings for males (e.g., Lisak, 1995; Sepler, 1990). Long-term effects such as sexualization of relationships, frequent sexual activity, or confusion about the meaning between sex and love in an intimate relationship might be perceived as congruent with traditional male sexuality, and therefore not as an impact of the abuse. Long-term effects such as loss of self in relationships, body image problems, expression of vulnerable affect, or submission and dependence in relationships could be viewed as inconsistent with traditional masculinity, and therefore as problematic because of the discrepancy with traditional masculinity. Other examples of effects that could be viewed as inconsistent with traditional masculinity include: "I just didn't have a sense of myself," "I was just there because I needed to be needed," "I didn't have any direction," "I'd spend an hour on the floor in the bedroom or in the kitchen just crying my eyes out," "I was very eager to please . . . I was always afraid of everyone, afraid of being hurt all the time," and "I was always the submissive one." In this study, however, such long-term effects were not considered to be gendered because the participants *did not ascribe a gendered*

meaning to them. These male survivors did not spontaneously comment that such long-term effects were perceived as being dissonant with the stereotype of traditional masculinity, or as being feminine or less than masculine.

Although popular culture and psychological research has tended to reify certain characteristics (i.e., self versus relationships, agency versus communion, affective versus rational) as associated with masculinity or femininity, the male survivors in this study did not seem to apply such reified distinctions to themselves. An alternative explanation of submissive and dependent behaviors might be that victims (male and female) who are sexually abused develop such interpersonal strategies as attempts to increase safety by meeting the needs and demands of others (Gelinas, 1983). These results suggest that the meaning of submissive and dependent interpersonal strategies as long-term effects may lie more with the issue of the abuse of power rather than with issues related to one's gender. Researchers may need to carefully examine the meanings underlying long-term effects to avoid premature assumptions about the role of gender in the impact of childhood sexual abuse.

Some of the participants, however, did report long-term effects that held gendered meanings for them. They reported gendered long-term effects such as a compromised sense of masculinity, a perceived failure in achieving the culture's idea of traditional masculinity, homophobia, rejection of strivings for power and status, and aggressiveness towards others. Some seemed to have difficulty perceiving the childhood sexual abuse as abusive or themselves as victims because of beliefs like 'males cannot be victimized' or 'male always enjoy sex.' These findings replicate clinical impressions and qualitative findings that have found similar

gendered long-term effects (e.g., Isley, 1992; Lisak, 1994; Mendel, 1992; Myers, 1989; Singer, 1989).

While the finding that some male survivors exhibit these gender-related effects is not new, the results of the present study suggest that the extent to which survivors experience gendered long-term effects may be related to the extent to which they adhere to a traditional view of masculinity. In this study, male survivors were characterized as adhering to personal constructions of masculinity as more or less traditional. Participants who held more traditional personal constructions reported disturbances in their sense of self as masculine and their sexuality as males. They described feeling inadequate, unsure, confused, and ambivalent about their masculinity in the domains of personal interests, work, relationships and sexuality. Moreover, they described numerous consequences of a compromised sense of masculinity including giving up gender-incongruent personal interests, overcompensating through strivings for wealth and status, avoiding (sexual and nonsexual) relationships with others, approaching others in aggressive or sexually manipulative ways, and altering their parenting behaviors (e.g., encouraging son to be more masculine).

In contrast, participants who held personal constructions of masculinity as less traditional reported limited or no problems in these areas. A less traditional construction was represented well by one participant's comment, "I don't think I try to portray a big machismo type of guy. I think that would be ridiculous trying to do that. It's just not me." While the participants who held less traditional constructions of masculinity did report numerous long-term effects, gendered long-term effects were notably absent. Too, these participants did not report having

difficulty perceiving the childhood sexual abuse as abusive or themselves as victims.

These findings highlight the importance of considering differences among male survivors in their personal meanings of masculinity and the way in which such differences influence the expression of the long-term effects of the childhood sexual abuse. Previous research and theory has not distinguished subgroups of male survivors in terms of variations in the degree to which they adhere to the tenets of traditional masculinity (i.e., Dhaliwal et al., 1996; Watkins & Bentovim, 1992; Lisak, 1995). Consequently, our understanding of the impact of sexual abuse on males has been limited in terms of accounting for variations in outcome.

Interestingly, differences in outcome occurred not only *between* male survivors who held more traditional beliefs about masculinity and those who had less traditional beliefs about masculinity, but also *within* the group of male survivors who held more traditional views. All participants who held traditional views described a dissonance between being victimized and trying to adhere to the prescriptions of traditional masculinity. However, there were individual differences in how that dissonance was experienced and how it was expressed behaviorally. For example, one survivor who felt that his masculinity had been "belittled" by the sexual abuse reported aggression in interpersonal relationships. Another participant who felt his masculinity had been "masked" by the sexual abuse reported disinterest in sexual intimacy in his marriage. Whether or not similar variations occurred for the participants who held less traditional constructions could not be determined because of the small number of men in this subgroup. These findings regarding individual differences in the behavioral expression of similar experiences suggests that explaining the wide variation of

observed outcomes related to sexual abuse will require an understanding of individual meaning.

The data also suggest that the salience and/or importance of gendered meanings and gendered long-term effects differed among the male survivors in this study. For example, some of the participants spontaneously spoke about gendered long-term effects early in the interview and also reported numerous gendered long-term effects. Other participants, however, did not report gendered long-term effects until specifically asked about gender. Even when asked, one participant had little to say about gender or masculinity relative to other long-term effects. In contrast, another participant emphatically stated, "Yes. I've got that. That is a major, major thing that I couldn't have identified without that direct question. But it is a major thing." Although the meaning of such differences in salience and/or importance was not explored in this study, this observation seems consistent with Bem's (1988) gender schema theory that sex-typed individuals show a greater or lesser readiness to process information about the self in terms of a gender schema. Issues of social desirability, unconscious processing, or self-awareness may also be factors. Whatever underlying reason, this finding suggests that researchers working in this area need to explicitly ask about gender and develop methodological approaches that will facilitate participants' ability and/or willingness to access gender-related information.

Not all the men who reported gendered long-term effects reported effects in all domains. Gendered long-term effects most often occurred in the domains of the physical self, sexual performance, personal interests, and strivings for success and status. With the exception of aggression, gender-related effects were rarely reported in the domains of intrapersonal or

interpersonal dispositional characteristics or traits. Dispositional traits may not be as 'gendered' or as salient to people, especially when describing themselves, as has been previously thought (Pennell & Ogilvie, 1995). Researchers need to consider multifactorial models of gender which go beyond dispositional characteristics to include a whole range of gender-related variables (e.g., Koestner & Aube, 1995).

The findings show that not all the men in this study adhered to a North American, middle-class, heterosexual construction of traditional masculinity. Some participants described the influence of other masculinities, such as a gay masculinity and a European masculinity. Such a finding supports a growing body of literature which is concerned with the recent notions of hegemonic masculinity and multiple masculinities (Carrigan et al., 1987; Ramazanoglu, 1992). Moreover, individual survivors' constructions of masculinity appear to influence outcome. Researchers concerned with taking gender into consideration in understanding the impact of childhood sexual abuse must think beyond simplistic dichotomous models of gender towards more complex models of gender which can account for diversity among men.

Another important finding is that adherence to the cultural construction of traditional masculinity appeared to exacerbate the impact of the abuse and to influence coping with the sequelae of the abuse. For example, one man's distress about unwanted sexual activity with women was compounded by his personal construction that males always want sex. He concluded that his distress would not be taken seriously by others, including his therapist. Another participant who adhered to a traditional view of masculinity reported that he had adopted an adversarial but unsuccessful way of coping with the trauma of childhood sexual abuse, that

of "stand[ing] up to the bully." Similar findings of the exacerbation of effects and restrictive coping strategies associated with traditional masculinity have been noted by Lisak (1995). These results underscore the importance of considering the role of gender not only in the creation of effects but in the maintenance, and creation of secondary effects in the outcome of childhood sexual abuse. Some theorists in the new psychology of men might ask whether or not there are any aspects of traditional masculinity that facilitate adaptation to, or coping with sexual trauma (e.g., Levant & Pollack, 1995). Findings related to this question did not emerge in this study, perhaps because the participants were asked about the impact rather than about positive coping strategies or resiliency factors.

One additional issue of relevance to the role of gender in the impact of childhood sexual abuse warrants consideration. An inspection of the data shows that the gender of the offender may have some relevance to gendered long-term effects. The influence seemed to be related to the meaning of the situation to the participant and the circumstances of the abuse. While some participants who had male offenders reported confusion about sexual orientation and homophobia, two participants who had both male and female offenders did not report similar long-term effects. Two other participants, however, who had female offenders (one whose sole offender was his mother and one who had male and female adolescent offenders) reported significant difficulties with their sense of masculinity and their sexual adequacy as men. For these two men, the sexual abuse involved explicit denigration of men in general, and their masculinity, in particular. Such variations demonstrate the complex interactions between subjective meaning, gender of the offender, type of abusive behavior, and impact.

Sexual Orientation and Sexual Aggression

Much of the previous research on male survivors of childhood sexual abuse has focused on long-term effects in the areas of sexual orientation and sexual aggression (e.g., Dhaliwal et al.; 1996; Freeman-Longo; 1986; Sepler, 1990). It is thought that, for males, childhood sexual abuse contributes to confusion about sexual orientation, and increased sexual aggression during adolescence and adulthood. With regard to sexual orientation, the results of the present study suggest that the association between childhood sexual abuse and sexual orientation ranges from non-existent to complex and individualistic. For some of the participants, the childhood sexual abuse bore no connection to their sexual orientation during adulthood, even for those male survivors abused by male offenders. Those participants, however, who did report confusion about their sexual orientation described a variety of ways in which the sexual abuse had contributed to their difficulties. For example, for two participants, confusion about sexual orientation seemed to have developed from learned or conditioned sexual response to male-to-male sexual acts, male companionship, and physical touch with males. Another survivor believed the childhood sexual abuse may have obscured his ability to recognize that he might be gay. Consequently, he felt confused and unsure of his sexual orientation. A similar case was reported by Mendel (1992, see p. 208).

In contrast, the homosexual participant reported that his homosexual orientation complicated and delayed his recognition of the childhood sexual abuse and its impact. During adolescence, he perceived his many sexual experiences with men as part of his developing homosexuality rather than as child abuse. Only later in his life did he recognize that these experiences were not a part of 'normal homosexual development' but were further

sexual victimizations, in part, a consequence of a distorted sexuality from early childhood sexual abuse.

These findings add to a growing body of literature which is debunking the myth that all males who are sexually abused by a male offender will develop homosexual tendencies (e.g., Dhaliwal et al., 1996; see also Patterson, 1995 for an overview of the research on the development of sexual orientation). Moreover, they provide some important insights into how sexual abuse may be associated with sexual orientation and suggest avenues for intervention. For example, for males who struggle with unwanted conditioned sexual responses to other males, interventions aimed at weakening this learned association may be helpful.

The findings on the association between childhood sexual abuse and sexual aggression also challenge the belief that childhood sexual abuse inevitably leads to sexual aggression during adulthood (e.g., Freeman-Longo, 1986; Sepler, 1990). While participants in this study were selected because they had no known history of offenses or violence, only one participant reported a link between the childhood sexual abuse and his "aggressive" behaviors during adulthood. Another man acknowledged that patriarchal society sanctions permissive attitudes about sexually aggressive behaviors perpetrated by males against others, especially women (Miedzian, 1991; Miles, 1991; Thorne-Finch, 1992). However, he believed such attitudes were harmful. Most participants condemned the victimization of others and permissive attitudes about violence. Previous research that has linked childhood sexual abuse and violence in male survivors has generally involved male survivors who are incarcerated (e.g., Vasington, 1988). The results of the current study support a growing body of literature which suggests that the previously reported link between early victimization and

later offending may be an artifact of a sampling error (e.g., Widom, 1989).

Theoretical Implications

The results of the present study concur with the general trend toward emphasizing the importance of subjective meaning in explaining variation in the impact of childhood sexual abuse (e.g., Conte & Schuerman, 1987; McCann & Pearlman, 1989, 1992). Previous research has not been particularly successful in documenting a classic profile common to most sexual abuse survivors or explaining variance in outcome based on linear associations between sexual abuse characteristics and long-term effects. In light of such difficulties, it has been hypothesized that the personal meanings associated with the sexual abuse may help in accounting for the broad range of possible effects (Conte & Schuerman, 1987; Briere, 1992a). The findings of the present study support such a hypothesis by showing that personal meanings of masculinity as more or less traditional were associated with differences in outcome. Participants who held more traditional constructions of masculinity reported more gendered long-term effects in the areas of the masculine self and male sexuality. They also reported secondary elaborations such as exacerbation of other long-term effects and problems coping with the sequelae of the abuse because of traditional beliefs about males. In contrast, participants with less traditional constructions of masculinity reported few or no gendered long-term effects. Delineating subgroups of male survivors according to personal meanings of masculinity as more or less traditional adds to theoretical development by elaborating on one potential mediating variable, that of personal constructions of gender.

The issue of the veracity and relevance of personal meaning in understanding the impact of sexual abuse is worth consideration. The

constructivist approach of the present study values the relevance of the individual's personal worldview and accepts, at face value, the male survivors' "narrative truth" (Spence, 1982). The determination of the "historical truth" or veracity of the male survivors' personal constructions was not addressed in this study. Psychodynamic theorists (e.g., Malan, 1979) and information-processing researchers (e.g., Bowers, 1984) might argue, however, that male survivors defensively exclude information from awareness which could presumably include gendered meanings of self experience. Feminist theorists (e.g., Miller, 1986) might hypothesize that male survivors benefit from overlooking certain gendered meanings (e.g., dependence as antithetical to traditional masculinity) or take for granted other gendered meanings (e.g., benefits of patriarchy) in order to maintain positions of power and privilege. These hypotheses warrant consideration in understanding the role of gender in the impact of sexual abuse on male survivors. The present study offers only one way of conceptualizing gender, that of personal meanings of masculinity. Starting with individuals' narrative truths is necessary, although perhaps not sufficient, in understanding the complexities of responses to, and healing from, traumatic sexual experiences.

Models of the impact of sexual abuse that include the sociocultural context *and* integrate subjective meaning are supported by the findings of this study. McCann and Pearlman's (1989, 1992) Constructivist Self Developmental Theory allows for the influence of the sociocultural context in men's psychological response to childhood sexual abuse (see also Koverola, 1992). The present study found evidence that these male survivors spontaneously referred to aspects of the culture's dominant construction of traditional masculinity when describing the impact of the

sexual abuse. Yet, there were individual differences in the way in which these male survivors integrated the cultural construction of masculinity. Moreover, there were individual differences not only between male survivors, but within a subgroup of male survivors in terms of the behavioral expression (e.g., aggressive versus withdrawn) of a similar perception (e.g., perceived failure to be adequately masculine). McCann and Pearlman (1989) addressed the complexity of integrating cultural and personal meanings when they explained the trend in the trauma literature toward better accounting of individual differences:

. . . individual differences in any theory of human adaptation is a complex issue . . . Allport (1946) borrowed the terms idiographic to describe a focus on what is distinctive and unique about the individual and nomothetic to describe a focus on universal, general laws of behavior. He believed that there was a place for both research traditions in psychology, but argued in favor of more emphasis on the idiographic methods as better means to predict and understand individual behavior. . . . Within the field of traumatic stress, there is a growing trend toward understanding individual differences in human adaptation to trauma. . . . We strongly agree with . . . the importance of avoiding the tendency to view all trauma survivors as suffering from a similar syndrome. While it is indeed valuable, especially in the early evolution of a field of study, to develop broad frameworks for understanding . . . it is equally important to develop theories that integrate these general laws with an understanding of and respect for individual differences and uniqueness among whole persons (p. 56).

The present study illustrated how the nomothetic (i.e., the cultural

construction of traditional masculinity) can be integrated with the idiographic (i.e., personal meanings of masculinity) in understanding variations in outcome.

The case for a separate theoretical model to account for the impact of male sexual victimization cannot be made based on the findings of the present study (see also Mathews, 1996). The participants reported a substantial number of long-term effects that did not seem to have any gendered meanings. These findings demonstrated a considerable amount of similarity to the long-term effects reported by female survivors (e.g., Beitchman et al., 1992; Browne & Finkelhor, 1986). Moreover, evidence that differences in personal meanings of masculinity exist among these male survivors argues against models of male victimization which have tended to support a unidimensional view of male survivors as traditionally masculine (e.g., Bolton et al., 1989; Sepler, 1990). Rather, current comprehensive theoretical models of the impact of childhood sexual abuse can easily incorporate male victimization by taking into consideration the variables of cultural meaning and subjective meaning of gender (e.g., McCann & Pearlman, 1989, 1992; Koverola, 1992).

Theoretical development on the impact of sexual abuse would benefit from accessing and integrating gender theory in a more formal way. The findings of this study demonstrated the usefulness of moving beyond a positivist (i.e., sex differences on symptoms inventories) to include a constructivist (i.e., meaning) conceptualization of gender in helping to explain the broad range of responses to sexual abuse. Too, extant theory and research on survivors (male and female) has not often formally conceptualized gender in hypothesizing about the impact of sexual abuse. It would be worthwhile to reconsider female sexual victimization from the

point-of-view of a constructivist conceptualization of gender as personal meaning. One such study by Roth and Lebowitz (1994) examined how cultural beliefs about women, sexuality, and rape, are accessed by female survivors of rape when making sense of having been sexually assaulted. Finally, the results of this study merit consideration in the gender theory literature. Based on the variation in gendered meanings among these male survivors, gender researchers should continue to develop more complex, multifactorial, meaning-based models of gender (e.g., Koestner & Aube, 1995; Pleck, 1995).

Clinical Implications

The results of the current study reinforce the importance of considering gender in the clinical assessment of the impact of childhood sexual abuse on males. In this study, the male survivors differed in the degree to which they adhered to the cultural construction of traditional masculinity. This research concurs with Brown's (1990) recommendation to actively inquire into the meaning of gender membership for the client, and to assess the importance of traditional gender norms and the consequences of noncompliance with such norms to the individual client. Also noteworthy, it appears relevant to attend to the male survivor's response to the clinician's gender. Data from some of the participants suggested that the researcher's gender was a relevant variable in their decision to participate in the study.

As recommended by Brown (1990), the clinician would benefit from an evaluation of his or her own personal construction of gender and its influence on assessment and interaction with the male survivor client. As demonstrated by Egger (1994), the therapist's gender constructions (e.g.,

females as relationship-oriented and males as self-oriented) influenced their perceptions of their clients. Therapist gender constructions, however, may or may not be congruent with the client's gendered meanings, or meaningful to the client. I made a concerted effort to attend to the participants' gendered meanings (while bracketing my own), and found that reified bipolar distinctions, often described in traditional psychological research, seldom emerged in the male survivors' gendered meanings.

Based on the findings of the present study, some ideas about clinical interventions with male survivors are offered. Recently, mental health counseling for men has been critiqued for adopting a "pathology model" of men whereby men have to be "cured" of the influence of traditional masculinity and taught women's ways of knowing and relating (Kelly & Hall, 1992; Wilcox & Forrest, 1992). For example, writers of the new psychology of men posit that gender role socialization suppresses and channels male emotionality resulting in a lack of emotional empathy, a mild form of alexithymia (Levant, 1996; Pollack, 1995). Clinical interventions, such as "an experience-near, male-empathic form of psychoanalytic psychotherapy" are recommended (Levant, 1996). But, as Gerstein (1992) cautioned,

One of the problems that we encounter when we try to help men is that we unwittingly operate from a base of assumptions about men that may not be accurate. . . . Some men can still be accurately described by stereotypes. Most men, however, no longer fit stereotypes in their thinking, feeling, or behaving. Therefore, it is time to update our thinking about men and our mental health counseling practice with men. (p. 256)

Recommendations for treatment strategies with male survivors of

sexual abuse have tended to reflect a stereotypical view of men (e.g., Crowder, 1993; Winder, 1996). For example, Winder (1996) advised;

One gender difference that seems prominent among all other involves anger management. For instance, male survivors may vent their anger more aggressively, even explosively, suggesting mental health counselors should exercise caution when using certain techniques (p. 131).

The men in this study reported a wide range of long-term effects, many of which were outside the realm of the stereotypes of male behavior, cognition, and affect. Some participants reported experiencing and expressing vulnerable emotions without heed to the prescriptions of traditional masculinity. Most of the men reported sensitivity to, and concern about relationships with others. As with any client, existing clinical interventions for survivors of sexual abuse must be tailored to fit the individual male survivor's needs (e.g., Briere, 1992a). Some male survivors may require interventions which promote the healthy expression of certain affects (i.e., anger), however, others may need help in containing and moderating vulnerable affect (i.e., sadness). Nevertheless, those male survivors who tend to adhere to a more traditional construction of masculinity would probably benefit from psychoeducational approach that examines the male role and its consequences (e.g., Levant, 1995, 1996).

Ideas for Future Research

This study was an exploratory investigation of the role of gender in the impact of childhood sexual abuse on male survivors. Qualitative researchers could further investigate the complex and varied meanings of masculinity held by male survivors and the implications such meanings

have for the impact of sexual abuse. I did not directly inquire into the meanings of masculinity held by the participants because I wanted to "discover" to what extent male survivors spontaneously reported gendered long-term effects. A specific inquiry, however, into male survivors' personal constructions of masculinity, such as "What does being a man mean to you?" may yield even richer findings. Moreover, the multiple meanings of 'masculinities' for the diverse population of male survivors (along race, socioeconomic, sexual orientation lines) remains virtually unexplored. Within a constructivist paradigm, research with male survivors could address numerous other questions and inquiries about the experience of childhood sexual victimization such as the meaning of the gender of the perpetrator in the impact of the abuse, the specification of coping and 'survival' strategies (e.g., Morrow & Smith, 1995), or recovery and change processes.

Quantitative studies measuring the impact of sexual abuse on male survivors might consider incorporating one or more measures of masculinity when assessing the sequelae of sexual abuse. In particular, it would be helpful to choose a measure of masculinity that assesses how men experience their gender, rather than simply assessing their attitudes about a men as a group. Thompson and Pleck (1995) reviewed seven instruments which assessed men's experience of their gender, in the context of traditional masculinity, and their level of personal conflict as triggered by masculinity standards (i.e., Traditional-Liberated Content Scale, Hypermasculinity Inventory, Masculine Role Inventory, Gender Role Conflict Scales I and II, Masculine Gender Role Stress, and Gender Role Journey Measure). Correlations between measures of masculinity and inventories of long-term effects may replicate and expand upon some of the

preliminary findings of the present study.

The conceptualization of gender and the gender analysis in the present research is only one way of studying the role of gender in the impact of childhood sexual abuse on male survivors. I struggled in deciding how to analyze the data for gender. There are other ways of conceptualizing gender and assessing the role of gender in the impact of sexual abuse. For example, it would be interesting to re-analyze the data from the present study using certain gendered "dichotomous" categories such as the instrumental versus expressive dimension, or a self-orientation versus relationship-orientation dichotomy. Alternatively, one could use discourse analysis and examine how male survivors "position" themselves relative to significant others, and how significant others, including therapists, position male survivor clients around issues of self and relationships (e.g., Egger, 1994). It may take multiple, and equally valid, conceptualizations of gender to fully understand the role of gender in the impact of sexual abuse on male survivors.

Limitations of the Study

As previously discussed, the reader will need to determine the extent to which the findings of this study are transferable to other male survivors. The findings of the present study may be unique to the researcher, the participants, and the context. I have provided the reader with relevant information to assess the extent of the transferability of the findings - including description of the participants, disclosure of the researcher's background, descriptions of the sampling strategies, detailed appendices, and the provision of raw data to illustrate findings.

The homogeneity of the sample on education level and

socioeconomic class may be a limitation of the study. The findings are based on the experiences of well-educated participants, all of whom were employed. Such economic and educational advantages may be evidence of the opportunities available to white middle-class men. Alternatively, perhaps the impact of the sexual abuse was not so severe in this group of male survivors as to prevent adaptive functioning in educational and work realms. Nevertheless, the evidence strongly shows that, in spite of adaptive educational and economic functioning, these men reported significant emotional distress and numerous deleterious impacts of the sexual abuse. Moreover, they were able to articulate the more profound impacts of the abuse on psychological functioning. Too, in spite of the homogeneity of the sample on education level, these men showed a range of personal constructions of masculinity from more to less traditional.

Some of the men indicated that they chose to participate in the study because they felt more comfortable with a female researcher, which might constitute another limitation of the present study. Such disclosures suggest that the male survivors who elected to participate in the study may be different from those who did not elect to participate. It may be that the participants who chose to participate tended to adhere to more traditional notions of masculinity or gender relations that expect females to be more receptive or understanding and/or expect males to object to vulnerable disclosures. Yet, as previously demonstrated, this group of men showed a wide range of personal constructions of masculinity, ranging from more to less traditional constructions.

A final limitation concerns the length of time between the initial interview and the feedback interview. It could be argued the long time period between interviews could have contributed to less accurate feedback

on the findings. There was evidence, however, to suggest that the participants remained engaged in the interview process. For example, they gave specific comments and corrections, they almost always elaborated upon some of the effects, and all indicated interest in the results chapter while three participants provided feedback to its "truthfulness" for them. The salience and emotional intensity of the childhood sexual abuse and its impact on their lives did not seem to be easily forgotten by the men in this study.

Concluding Remarks

The findings of the current study showed that these male survivors experienced numerous and deleterious long-term effects of childhood sexual abuse. Based on a definition of gender as the individual male survivor's personal meaning of masculinity, the results showed that some participants reported gendered long-term effects in the areas of sense of masculinity and male sexuality. Individual differences in impact, however, occurred between those men who held more traditional constructions of masculinity and those who held less traditional constructions of masculinity. These findings have implications for current theory, research, and practice. Theoretical development in the field of childhood sexual abuse should benefit from results that verify the importance of meaning, and in particular, demonstrate how cultural and personal meanings interact to account for individual differences in the impact of sexual abuse. It seems that theory on male sexual victimization would be better served by working within existing theoretical frameworks of childhood sexual abuse. Assessment and intervention with adult male survivors of childhood sexual abuse warrants consideration of gender in a way that avoids

assumptions about male survivors as traditionally masculine and allows for the full range of human expression. In closing, the state of the current research and directions for future research on male survivors of sexual abuse is captured by Mathews (1996):

A 'male-inclusive' perspective on violence and victimization must be, of necessity, dynamic and evolutionary, since male victims are only just beginning to speak out about their experiences. As they do, their stories will continue to challenge many of our long-held and status quo assumptions about abuse victims and perpetrators. It is important to keep in mind that male victims are not a homogenous group, and over time it is likely that a number of perspectives will evolve. Heterosexual, gay, and bisexual, Native/Aboriginal, disabled/challenged, and visible and cultural minority males will add different aspects to the story of male victimization (p. 8).

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APPENDIX A

INTERVIEW GUIDE/INTERVIEW EXPERIENCE QUESTIONS

Interview Guide

1. How has (have) your _____ been affected by the sexual abuse you experienced as a child?
 - (a) Relationships with others
 - (b) Sense of self/self-esteem
 - (c) Sense of masculinity
 - (d) Sexuality
 - (e) Work/career
 - (f) Spirituality
2. Are there any other ways in which the sexual abuse has affected you that we may have not covered, but that you feel are important?
3. Some male survivors say they have difficulty perceiving themselves as victims. Do you have difficulty perceiving yourself as a victim? If so, in what ways?
4. Is your current sexual orientation related to the child sexual abuse? If so, how?
5. Some research suggests that males who are sexually victimized as children may go on to be sexually aggressive towards others, as adults. Is sexual aggression against others a problem for you? If so, in what ways do you think sexual aggression is related to the sexual abuse?
6. In what ways do you think your experience of child sexual abuse and its impact might be different from a female survivor's experience?

Interview Experience Questions¹

1. How was it for you to be interviewed?
2. Did it make a difference to you that I'm female, and if so, how?
3. As a result of this interview, do you feel a need to talk further about your sexual abuse history and its impact on you? By what means can you do that?
4. Do you have any questions or concerns about the interview?

¹ Adapted from Westerlund, E. (1992). Women's sexuality after childhood incest. Scranton, PA: W.W. Norton & Compnay, Inc..

APPENDIX B
BACKGROUND INFORMATION QUESTIONNAIRE

This questionnaire asks for information about: 1) yourself, 2) your family-of-origin, 3) childhood abuse and 4) long-term effects and psychotherapy/counselling. You may complete it yourself or have your therapist complete it. There is no need to write your name on this questionnaire and all information is confidential. If you feel you must clarify an answer, please feel free to write in your comments. As well, you may omit questions that you do not feel comfortable answering.

Part A. Information about Yourself

1. What is your current age?
2. What is your current marital status?
 - a single, never married
 - b married
 - c separated
 - d unmarried, but in a long-term relationship
 - e divorced
 - f remarried
 - g widowed
3. Number of children:
 - 3A. Age(s) of male children:
 - 3B. Age(s) of female children:
4. What is your current living situation?
 - a living with parents
 - b living alone
 - c living with spouse
 - d living with partner
 - e living in dormitory or other group situation
 - f living with roommate or friends
 - g other, please specify:
5. How would you describe you current sexual preference/orientation?
 - a bisexual

- a mother
- b father
- c both parents
- d sibling(s)
- e other relative, please specify:
- f some non-family member, please specify:

5. Was your mother (or female caregiver) ever sexually abused? (Circle all that apply.)

- a no
- b yes, as a child
- c yes, as an adult
- d yes, as a child and as an adult
- e don't know

6. Was your father (or male caregiver) ever sexually abused? (Circle all that apply.)

- a no
- b yes, as a child
- c yes, as an adult
- d yes, as a child and as an adult
- e don't know

7. Were any other family members ever sexually abused?

- a no
- b yes

7A. If YES, who (sibling, relative)?

8. Is there a family history of drug or alcohol abuse? (Circle all that apply.)

- a no
- b yes, father
- c yes, mother
- d yes, sibling
- e yes, step-parent, or live-in partner
- f other, please specify:
- g don't know

9. Has anyone in the family been accused or convicted of a crime? (Circle all that apply.)

- a no
- b yes, father
- c yes, mother
- d yes, sibling
- e yes, step-parent, or live-in partner
- f other, please specify:
- g don't know

10. Is there a history of mental illness in the family? (Circle all that apply and briefly describe e.g., depression, schizophrenia.)

- a no
- b yes, father, please describe:
- c yes, mother, please describe:
- d yes, sibling, please describe:
- e yes, step-parent, or live-in partner, please describe:
- f other, please specify:
- g don't know

11. Did you ever see your father hit your mother?

- a no
- b yes

11A. If YES, please estimate the level of violence (physical).

- a low
- b med
- c high

11B. If YES, did one or more of these times result in your mother bleeding, needing medical care, or the police being called?

- a no
- b yes

12. Did you ever see your mother hit your father?

- a no
- b yes

12A. If YES, please estimate the level of violence (physical).

- a low
- b med

c high

12B. If YES, did one or more of these times result in your father bleeding, needing medical care, or the police being called?

a no

b yes

Part C. Information about Childhood Abuse

1. Were you ever emotionally or psychologically abused or neglected?

a no

b yes

c not sure, but think so

d don't know

1A. If YES, how severe would you say the emotional or psychological abuse or neglect was?

somewhat		moderate		severe
1	2	3	4	5

1B. If YES, please estimate how frequent or intense the emotional abuse or neglect was:

rarely	occasionally	often	all the time
1	2	3	4

2. Were you ever physically abused?

a no

b yes

c not sure, but think so

d don't know

2A. If YES, how severe would you say the physical abuse was?

somewhat		moderate		severe
1	2	3	4	5

2B. If YES, please estimate how frequent or intense the physical abuse was?

rarely	occasionally	often	all the time
1	2	3	4

The following questions concern the sexual abuse you experienced as a child.

3. Your age when the sexual abuse first occurred?
4. Your age when the sexual abuse last occurred?
5. How often did the sexual abuse take place?
 - a one time occurrence
 - b several times (2-10)
 - c many times (11+)
6. For how long did the sexual abuse take place?
 - a one time occurrence
 - b a few months or less
 - c about a year
 - d about 2 years
 - e more than 2 years
 - f more than 5 years
7. Type of sexual abuse. (Check highest level.)
 - a very intrusive (e.g., penile-anal/vaginal penetration, oral-genital contact, digital or object penetration of any child body cavity)
 - b intrusive (e.g., fondling, rubbing penis/genitalia against child or child against penis/genitalia)
 - c least intrusive (e.g., adult exposes self to child, leers at child, takes photo of child naked or in sexual poses)
8. As part of the abuse, were you: (Check all that apply.)
 - a threatened with physical harm
 - b given special privileges
 - c given tangible things (money, candy, toys)
 - d told others would be hurt or harmed if you did not go along
 - e told the offender would be hurt or harmed if did not go along
9. Did anyone ever use physical force on any of these occasions?
 - a no

- b yes
10. Were you abused by more than one offender?
- a no, only one
 - b yes, several consecutively (e.g., father, then stepmother)
 - c yes, concurrently (e.g., father and mother during same time period)
- 10A. If more than one offender, how many offenders?
11. Were there any other children abused by the offender(s) who abused you?
- a no
 - b yes
 - c don't know
12. Were there any times when you were tortured, repeatedly hurt, or forced to do something sexual during some sort of meeting, ritual, cult gathering, or religious activity?
- a no
 - b yes
- 12A. If YES, how old were you when this took place?
- 12B. If YES, For how long did it happen?
- 12C. If NO, were you ever forced to watch this happen to someone else?
- a no
 - b yes
13. What was the relationship between you and the offender(s)? (Check all that apply.)
- a stranger
 - b acquaintance
 - c friend of the family
 - d neighbor
 - e babysitter/nanny
 - f teacher, doctor, or other professional
 - g family member (e.g., mother, brother, uncle), please specify:
 - h other, please specify:

- i don't know

If you were sexually abused by more than one person, choose the person with whom you feel the experiences were most intense or most critical to your current adjustment when answering questions 14, 15, 16 and 17.

14. What was the relationship between you and this person? (Refer to the categories from Question 13):
15. Did this person live in your home?
- a no
 b yes
16. Outside of the sexual abuse, how important was the relationship with this person?
- not at all important 1 2 3 4 5 6 7 very important
17. What was/is the offender's stance on the abuse:
- a denial
 b admit abuse took place but does not take responsibility
 c accepts responsibility
 d don't know

The following questions concern the issue of disclosure.

18. As a child, did you tell someone about the sexual abuse?
- a no
 b yes
- 18A. If YES, to whom did you disclose? (Check all that apply.)
- a non-offending parent
 b other family member
 c social services
 d police
 e sexual assault centre
 f therapist
 g other non-family member, please specify:
- 18B. If YES, what happened when the abuse was disclosed? (Circle all that apply.)

- a investigation by the Department of Social Services or Police
- b you were removed from your home
- c the offender was removed from your home
- d charges laid
- e you were removed from abuse setting (e.g., daycare, school, church, sports activity)
- f offender denied contact with you
- g nothing happened
- h other, please specify:

19. As a child, what did you believe would happen if the abuse was disclosed? (Circle all that apply.)

- a did not think it was abuse
- b thought would not be believed
- c feared negative consequences to self
- d feared negative consequences to others, excluding the offender
- e feared negative consequences to the offender
- f didn't know
- g other, please specify:

Part D. Information about Long-term Effects & Psychotherapy/Counselling

1. Are you currently receiving psychotherapy or counselling?

- a no
- b yes

1A. If YES, how long have you been in therapy/counselling?

1B. If YES, what type of therapy/counselling?

- a individual
- b group
- c marital
- d other, please specify:

1C. If YES, briefly describe the reason for seeking therapy/counselling:

2. Have you received any previous psychotherapy or counselling?

- a no
- b yes

- 2A. If YES, how old were you when therapy began?
- 2B. If YES, how long were you in therapy?
- 2C. If YES, what type of therapy/counselling?
- a individual
 - b group
 - c marital
 - d other, please specify:
- 2D. If YES, briefly describe the reason for seeking therapy/counselling:
3. Have you ever seriously considered committing suicide?
- a no
 - b yes
4. Have you ever attempted suicide?
- a no
 - b yes
5. Have you ever had a psychiatric hospitalization?
- a no
 - b yes
- 5A. If YES, how old were you when you were hospitalized?
- 5B. If YES, how long were you hospitalized?
- 5C. Reason you were hospitalized:

Thank-you for completing this questionnaire.

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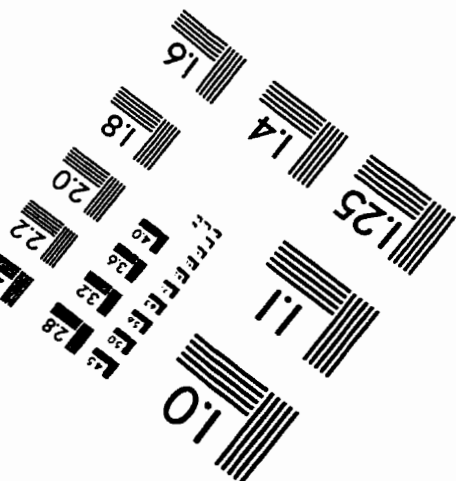
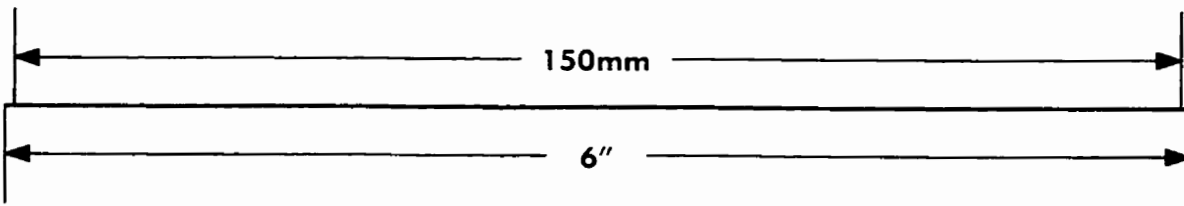
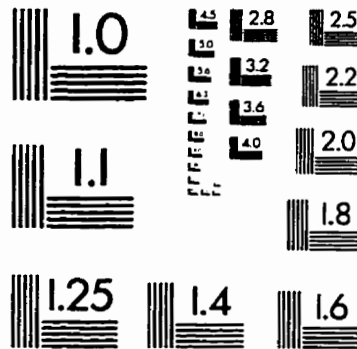
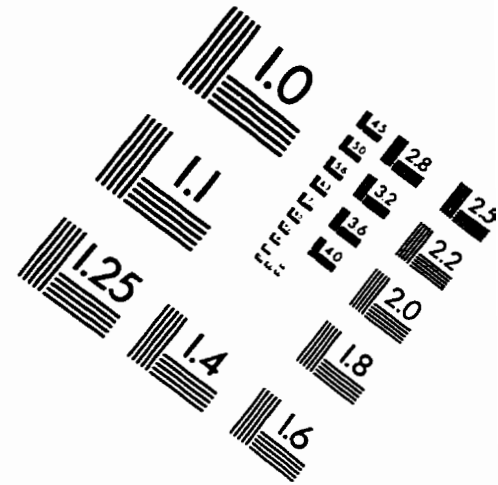
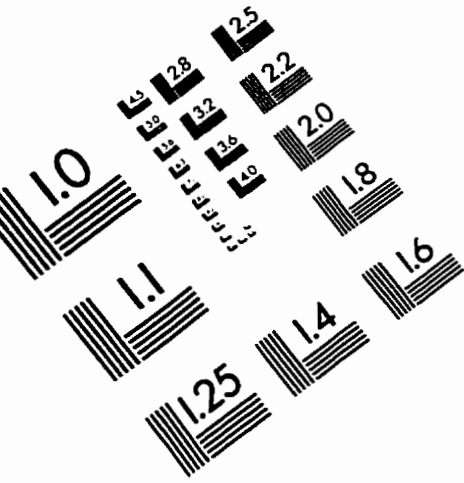
Date Received:

APPENDICES C - L

**DUE TO THE SENSITIVITY OF THE DATA
PLEASE CONTACT THE AUTHOR
IF YOU ARE INTERESTED IN REVIEWING APPENDICES C-L.**

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